WISH-HUNTING IN THE UNCONSCIOUS

MILTON HARRINGTON, M.D.

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WISH-HUNTING IN THE UNCONSCIOUS

An Analysis of Psychoanalysis

BY

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WISH-HUNTING IN THE UNCONSCIOUS

INTRODUCTION

THE most pressing ills in our present-day civilization are our mental ills, our unsatisfactory or abnormal forms of thought, feeling, and action. But before we can proceed intelligently in the treatment of these ills, we must know why they occur. We must have a psychopathology before we can hope to have a mental hygiene or a rational therapeutics. But along what lines are we to proceed in the development of our psychopathology? Shall we follow in the footsteps of the psychoanalyst, adopting the psychoanalytic concepts and the psychoanalytic technique? Before committing ourselves to such course of action, we should consider very carefully the nature of the psychoanalytic road we are setting out to follow and what other roads, if any, are open to us.

There is no doubt that in psychoanalysis, as in every other doctrine or school of thought, there is some truth and some error. The only question is as to the essential soundness of its basic structure and of the foundation upon which it is built. To

quote the words of Joseph Jastrow, "What is wrong: the structure or the details, the architecture or the plans and specifications?" This is a question of vital importance in determining what our course of action should be. If we believe that it is merely the details which are wrong, then the thing to do is to take up our abode in this "house that Freud built," making only such changes and additions to it from time to time as we find necessary or desirable. If, on the other hand, we decide that the foundation and framework of psychoanalysis are unsound, then the right course to pursue is to abandon it altogether and build an entirely new edifice upon an entirely different foundation. Our aim in this little volume is to inquire into the nature of the basic structure of psychoanalysis with a view to determining which of these two courses of action we should pursue.

A criticism likely to be made of this book is that very little has here been said about the more recent developments of psychoanalysis. My answer to that criticism is: that all the new theories of psychoanalysis have been erected upon the foundations which Freud laid down in his earlier work; and that the purpose of this book is to consider the foundations of psychoanalysis, not the superstructure. If on careful examination of these foundations

we find them to be sound, it will then be time enough to study the elaborate edifice which they support. If, however, we find these foundations to be unsound, the question of what kind of superstructure has been built upon them will be of little consequence.

The whole case for psychoanalysis is built upon three things: (1) the alleged discoveries made by the use of its technique; (2) its practical value in the treatment of mental and nervous disorders; (3) its popularity: everybody, we are told, now accepts psychoanalysis; therefore it must be so. In this book, we shall consider these three things upon which the psychoanalyst bases his claims. We shall consider the nature of the psychoanalytic technique with a view to determining how much dependence is to be placed upon the alleged discoveries to which it leads. We shall consider also the nature and significance of its cures and the reasons for its popularity, with a view to determining how far these things are to be looked upon as evidences of its truth. We shall, however, not concern ourselves with the details of psychoanalytic theory, either new or old: the reader will find here nothing about ambivalence, polarities or penis-envy, and very little about the ego, the super-ego or the id. Our interest

is not in the elaborate and ever-changing edifice of psychoanalysis, but in the question of how that edifice came into being and the groundwork upon which it rests.

CHAPTER I

THE THEORY OF PSYCHOANALYSIS

According to the thinking of the ordinary man, every action is due to a motive, a desire to do or obtain something, and the business of explaining behavior is a matter of finding the wish which has caused it, or, what comes to the same thing, the goal or purpose toward the attainment of which the behavior is directed. Thus one explains a murder by saying that it was due to a desire for revenge, or that its object was revenge. One explains a man's running away from danger by saying that it was due to a desire to save his skin.

Before the days of psychoanalysis, this kind of psychologizing, whatever value it might have as a means of explaining our so-called normal behavior, seemed of little use in explaining those forms of thought, feeling, and action which are looked upon as abnormal. How, for example, could one explain the fear of open spaces as the outcome of a wish? Or what desire could possibly lie back of a man's

belief that he is being pursued by enemies who are trying to kill him? It is the essence of Professor Freud's contribution to thought that he has developed a theory and method of procedure which makes it possible to use this kind of explanation in the field of the abnormal. This he has been able to do by making use of the concept of an unconscious. Freud pictures the mind as a container or dwelling place having two chambers. There is an upper chamber, brightly lighted, into which we all may look; this is the conscious mind, or, as the psychoanalyst prefers to call it, the foreconscious or preconscious. There is a dark lower chamber about which we knew very little until Professor Freud enlightened us concerning it; this is the unconscious. Our respectable thoughts and wishes find their way into the brightly lighted upper chamber. The disreputable ones remain in the unconscious. This unlit lower room is, therefore, the closet which contains the family skeletons; it holds the ugly thoughts and wishes which we prefer to hide both from our fellow men and from ourselves.

Connecting the unconscious with the conscious mind, there is a doorway through which our thoughts and wishes pass from one into the other; and standing guard over this doorway, is what

Freud calls the "censor." His business is to see that the disreputable inhabitants of the unconscious stay down out of sight in their own dark dwelling place. It is these disreputable and unrecognized wishes which, according to psychoanalytic theory, give rise to those nervous and mental symptoms that seem to us so foreign to our desires.

In order that I may not be suspected of misrepresenting him in the crude picture I have here drawn, it might perhaps be well to quote Professor Freud's own words. He says, "We will compare the system of the unconscious to a large ante-chamber in which the psychic impulses rub elbows with one another as separate beings. There opens out of this ante-chamber another, a smaller room, a sort of parlor, which consciousness occupies. But on the threshold between the two rooms there stands a watchman; he passes on the individual psychic impulses, censors them, and will not let them into the parlor if they do not meet with his approval. . . . Still working with this simile, we proceed to a further elaboration of our nomenclature. The impulses in the ante-chamber of the unconscious cannot be seen by the conscious which is in the other room; therefore for the time being they remain unconscious. When they have succeeded in pressing forward to the

threshold, and have been sent back by the watchman, then they are unsuitable for consciousness and we call them *suppressed*. Those impulses, however, which the watchman has permitted to cross the threshold have not necessarily become conscious; for this can happen only if they have been successful in attracting to themselves the glance of the conscious. We therefore justifiably call this second room the system of the *fore-conscious*. In this way the process of becoming conscious retains its purely descriptive sense. Suppression then, for any individual impulse, consists in its not being able to get past the watchman from the system of the unconscious to that of the fore-conscious." [1]

I have said that, according to psychoanalytic theory, our psychopathic reactions are produced by disreputable wishes which we try to keep bottled up in the unconscious. But who or what are the disreputable wishes that cause so much trouble? They are in the main sexual; more than this, they are pervert sexual desires of which there are three principal kinds:

First, incestuous desires, of which the most important is the sexual hunger of a man for his

[1] "A General Introduction to Psychoanalysis," p. 256 (Liveright Publishing Corporation, 1920).

mother. In this we have the so-called Œdipus or mother complex.

Second, homosexual desires, which, of course, are the sexual desires of one individual for another of the same sex, and

Third, narcissistic desires, which are the sexual desires of a man for himself.

According to the psychoanalyst, if a man has delusions of persecution, if he thinks men are pursuing him, it is because he is homosexual. The fear of being pursued is really a veiled expression of a desire to pursue or be pursued for sexual reasons by others of the same sex. Similarly, if a man is miserly, that miserliness is the manifestation of an anal erotic desire, that is to say, the kind of sexual desire which finds satisfaction in the act of sodomy. For the benefit of the man who asks what possible connection there can be between love of money and this form of sexuality, let it be pointed out that miserliness means love of money, love of money means love of gold, and gold symbolizes fæces, in the passing of which the anal erotic person finds sexual satisfaction. The anal erotic person, therefore, loves or finds sexual pleasure in his fæces; and those who love gold excessively, love it because it resembles,

or is associated in their minds with fæces. In this alleged fact, we have, according to the psychoanalyst, the origin of the term, filthy lucre. It is so called because the thought of money is so closely associated in the human mind with the thought of excrement.

In the same way, for reasons which seem convincing to the psychoanalyst but which we need not discuss here, a tendency to the intemperate use of alcohol is to be looked upon as a manifestation of homosexual desire; and when a soldier becomes panic-stricken under shell fire or develops a nervous condition characterized by fear or anxiety, it is probably due to an unsatisfied narcissistic hunger, in other words, to an unsatisfied and unconscious sexual desire which he has for himself.

Now, if we are to accept this theory, we must believe that a very large proportion of the human race suffers from unconscious, pervert sexual desires; for certainly there are few of us who do not display on occasion one or another of the defects of character to which these desires give rise. And so a question which at once suggests itself is, where could all these pervert sexual desires which are bottled up inside of us have possibly come from?

Freud's answer to this question is to be found in

his theory of the sex instinct, or libido as he prefers to call it.

Professor Freud regards as sexual, not only those things which are ordinarily thought of as manifestations of the sexual instinct, but all love, the love of child for parent and parent for child, of brother for sister and sister for brother, of man for his fellow men and sister women. The pleasure received from the various kinds of tactile stimuli which may be applied to different parts of the body is also sexual. Thus the pleasure a man finds in smoking his pipe is sexual, and if he finds any pleasure in the act of defæcation, that is sexual too.

With this conception of the sex instinct, goes the theory of its development. The sexual instinct or libido is present in force at birth. Just what sort of a thing Freud imagines this instinct or libido to be is not very clear; but whatever other properties it may possess, it would seem to be something with a tendency to form attachments, first to one thing, then to another; and its development from infancy to maturity would seem to be mainly, if not altogether, a succession of changes in the attachments which it forms and the resulting desires to which it thus gives rise. In early infancy, it attaches itself to the mother, and the pleasure the infant finds in

suckling at her breast is an expression of this incestuous attachment. Later, the attachment is to the child's own body, so that it finds its sexual satisfaction in sucking its thumb and playing with its genitals. Then, it swings back to attach itself to the mother again, but now it expresses itself, not in a desire to suck but to kill or in some other way eliminate the father from the scene and replace him in the mother's regard. Finally, we have the libido turning its attention outside the family circle to some member of the opposite sex. When it has made this new attachment, it is looked upon as having finally attained its adult stage. The boy, at least in so far as his sexual instinct is concerned, has arrived at man's estate.

Frequently, however, the libido fails to attain this adult development. It remains attached to some object short of what would be its adult object of fixation; or else it makes an incomplete shift to this object, and under stress or strain of some kind swings back to an earlier attachment which it has never completely relinquished. When this happens, we have what the psychoanalyst calls a regression. It is this tendency to retain infantile attachments or revert to them under stress and strain, which is responsible for the great number of sexual perver-

sions which the psychoanalyst is able to discover, and to which, in his opinion, the major part of our psychopathological reactions are due.

There will perhaps be less room for ambiguity concerning these fundamental principles of psychoanalysis and also less danger of thinking that I have mis-stated them, if I quote the words of Professor Freud, himself. He says:

"If the suckling could express himself, he would probably recognize the act of sucking at his mother's breast as the most important thing in life. He is not so far wrong, for in this one act he satisfies two great needs of life. With no small degree of surprise we learn through psychoanalysis how much of the physical significance of this act is retained through life. The sucking at the mother's breast becomes the term of departure for all of sexual life, the unattained ideal of all later sex gratification, to which the imagination often reverts in times of need. The mother's breast is the first object for the sexual instinct; I can scarcely bring home to you how significant this object is for centering on the sexual object in later life, what profound influence it exerts upon the most remote domains of psychic life through evolution and substitution. The suckling, however, soon relinquishes it and fills its place by a

part of his own body. The child sucks his thumb or his own tongue. Thereby he renders himself independent of the consent of the outer world in obtaining his sensual satisfactions, and moreover increases the excitement by including a second zone of his body. The erogenous zones are not equally satisfactory; it is therefore an important experience when, as Dr. Lindner puts it, the child while touching his own body discovers the especially excitable genitals, and so finds the way from sucking to onanism.

"Through the evaluation of sucking we become acquainted with two decisive characteristics of infantile sexuality. It arises in connection with the satisfaction of great organic needs and behaves *autoerotically,* that is to say, it seeks and finds its objects in its own body. What is most clearly discernible during the taking in of food is partially repeated during excretion. We conclude that the nursling experiences pleasure during the excretion of urine and the contents of the intestine and that he soon strives to arrange these acts in a way to secure the greatest possible amount of satisfaction by the corresponding excitement of the erogenous membrane zones. Lou Andreas, with her delicate perceptions, has shown how at this point the outer

world first intervenes as a hindrance, hostile to the child's desire for satisfaction—the first vague suggestion of outer and inner conflicts. He may not let his excretions pass from him at a moment agreeable to him, but only when other persons set the time. To induce him to renounce these sources of satisfaction, everything relating to these functions is declared indecent and must be concealed. Here, for the first time, he is to exchange pleasure for social dignity. His own relation to his excretions is originally quite different. He experiences no disgust toward his fæces, values them as part of his body from which he does not part lightly, for he uses them as the first 'present' he can give to persons he esteems particularly. Even after education has succeeded in alienating him from these tendencies, he transfers the evaluation of the fæces to the 'present' and to 'money.' On the other hand, he appears to regard his achievements in urination with especial pride." [1]

So much for the theory of psychoanalysis: now for the foundation upon which it rests.

Every theory is—or should be—based upon observed and well-authenticated facts, and the first step necessary in determining the validity of any

[1] "A General Introduction to Psychoanalysis," pp. 271-2.

theory is to make sure of the truth or reality of the facts upon which it rests. Sometimes, of course, when a man constructs a theory, he builds it upon facts which are already well established and which cannot be called into question; but at other times, he bases it upon facts which he claims to have uncovered as a result of his own investigations. In the latter case, it is always necessary to consider the nature of the procedure or technique by which his factual material has been brought to light. If his technique is found to be sound and reliable, the alleged facts may be accepted as genuine, and then one may go on to consider the question of the validity of the conclusions which have been drawn from them; but if his technique is unsound, then his facts cannot be accepted as having any real existence and the whole theoretical structure which he has erected upon them falls to the ground.

Now the facts upon which the psychoanalytic theory is built are, in the main, facts which the exponents of this school of thought have brought to light by the use of their psychoanalytic technique. That the psychoanalysts themselves recognize and admit this to be so, is shown by their oft-repeated assertion that no one who has not himself made use of the technique of psychoanalysis has the necessary

factual knowledge to pass judgment as to the truth of its theories. Ernest Jones very clearly and succinctly expresses the psychoanalyst's opinion in this matter when he compares the position of the man who, without himself having used the psychoanalytic technique, rejects the doctrines of psychoanalysis, to that of one "who would on *a priori* grounds deny the details or even the existence of histology without ever having looked through a microscope, the only avenue of histology." [1] The first thing to do, therefore, in order to weigh the merits of psychoanalytic theory is to consider the nature of the technique by means of which the facts have been discovered upon which it is based. If this technique is found to be dependable, well and good; but, if it is found to be unreliable, we can accept neither the alleged facts which have been discovered by means of it, nor the conclusions which have been drawn from them.

[1] "Psychoanalysis and the War Neuroses," p. 45 (The International Psychoanalytical Press, 1921).

CHAPTER II

THE TECHNIQUE OF PSYCHOANALYSIS

The outstanding feature of the psychoanalyst's technique is his use of the so-called method of free association. The customary procedure is to have the patient lie on a couch with instructions to let his mind drift and to say whatever comes into his mind, feelings, thoughts, reminiscences, without regard to how trivial, indiscreet, indecent, or nonsensical they may appear: "He must skim only across the surface of his consciousness and drop the last vestige of a critical attitude toward that which he finds." [1] It is the belief of the psychoanalyst that if the patient will do this, his submerged, disreputable desires, with their associated thoughts and memories, will float to the surface of his mind, where they can be, so to speak, skimmed off in his utterances.

But the psychoanalyst also believes that the patient will not reveal these thoughts and desires if left to himself, because the forces of the mind, which are

[1] "A General Introduction to Psychoanalysis," p. 249.

operating to hold them down in the unconscious and which have already been referred to as the Censor, will offer resistance to prevent him from doing so. This resistance, Freud tells us, is "highly varied, exceedingly subtle, often difficult to recognise, protean-like in its manifold changes of form." [2] It not only prevents the patient from calling to mind and giving expression to those thoughts and memories which are important, but also prevents him from understanding their significance, even when they have been brought to light and the psychoanalyst has explained them to him. This resistance, which is the arch-enemy of the psychoanalyst, is, in his opinion, not confined to neurotic patients who seek psychoanalytic treatment. All the enemies of psychoanalysis suffer from it. It is because of this resistance that they refuse to recognize the truth of his theory, and try to overthrow it.

Now, because of this resistance, which prevents the patient from either telling or seeing the truth as the psychoanalyst sees it, he finds it impossible, in using the method of free association, to stand idly by and leave him to work out his own salvation. He is obliged to enter the lists and help his patient overcome this enemy, who otherwise would prevent him

[2] *Ibid.*, p. 248.

from ever coming to a knowledge of the truth. Let us consider the nature of the assistance which the psychoanalyst gives.

First: He strives by questions and by admonition to keep the patient's stream of thought moving forward in that channel in which it should flow. In the process of free association, one thought serves to call up a second, this a third, and so on, until in course of time the thoughts and memories which are linked up with our unconscious wishes are brought to the surface, and these wishes are thus exposed to the light of day. But, if the patient were left to himself, the forces that make for concealment would come into play here, to prevent this from taking place. When a man tells of a thought or memory which leads to something disreputable or painful, something the censor wishes to hold back, he is likely to hesitate, come to a stop perhaps, and say that he cannot think of anything more, or else he side-steps the difficulty by giving some other association than that which should be called up. The psychoanalyst makes it his business to be constantly on his guard against any such action as this, and when it occurs, he at once steps in. If the patient says he cannot think of an association, he urges him to keep on trying until one comes to him, and if the

analyst suspects that the association given is not the right one, he calls for a second, and perhaps a third, and so on, until finally, a thought or memory comes up which satisfies him.

Second: The psychoanalyst explains to his patient the significance of the thoughts and memories that come up in the course of the analysis, and when, owing to his resistances, the patient offers criticisms and objections and will not accept the explanations tendered, he strives to overcome these objections by argument, and also by pointing out to the patient the nature of the pernicious forces which are responsible for his stubbornness and which it is necessary for him to overcome. Also, he instructs the patient in the theory of psychoanalysis and its methods of interpretation, frequently giving him books to read which will teach him how to work out explanations of his own along the lines of those which the psychoanalyst gives him.

Now perhaps the reader of these pages has read or been told that, in psychoanalysis, no effort is made to control or direct the patient's thoughts, that he is left entirely free to work things out for himself. If so, he may suspect that in what is here said about the analyst's efforts to overcome his patient's resistance, I am not telling the truth. To guard

against such possible suspicions, let me call to my defense no less a witness than Professor Freud, himself. Speaking of the rule he lays down, that the patient should tell without reservation whatever occurs to him, and the patient's tendency to avoid it, he says:

"Compulsion neurotics are exceedingly adept at making this technical rule almost useless by bringing to bear all their over-conscientiousness and their doubts upon it. Patients suffering from anxiety-hysteria sometimes succeed in reducing it to absurdity by producing only notions so remote from the thing sought for that analysis is quite unprofitable. But it is not my intention to go into the way in which these technical difficulties may be met. It is enough to know that finally, by means of resolution and perseverance, we do succeed in wresting a certain amount of obedience from the patient toward this basic rule of the technique; the resistance then makes itself felt in other ways. It appears in the form of an intellectual resistance, battles by means of arguments, and makes use of all difficulties and improbabilities which a normal yet uninstructed thinking is bound to find in the theory of analysis. Then we hear from one voice alone the same criticisms and objections which thunder about us in

mighty chorus in the scientific literature. Therefore the critics who shout to us from the outside cannot tell us anything new. It is a veritable tempest in a teapot. Still the patient can be argued with, he is anxious to persuade us to instruct him, to teach him, to lead him to the literature, so that he may continue working things out for himself." [1]

TRANSFERENCE

To bring his patient to a knowledge of the truth, the psychoanalyst plies him with questions to draw out the essential facts which would otherwise remain hidden; he instructs, admonishes, and argues with him, and gives him books to read in which the doctrines of psychoanalysis are set forth; but this is not the whole of the story by any means. The reason for a man's ignorance of the memories and associated wishes which are the cause of his trouble, and his unwillingness to accept the psychoanalyst's explanations of them is—at least so the psychoanalyst believes—to be found in his desires: it is due to his resistance which makes him wish to remain ignorant of these things. This being so, if the analyst is to accomplish anything, he must do more than point out the truth, he must overcome in some

[1] "A General Introduction to Psychoanalysis," pp. 250-1.

way the force which impels the patient to reject it. He must create what a theologian might call the will to believe: he must produce in the patient a desire to see the things he would have him see and to believe the things he would have him believe. But how is he to do this? What force is there in the patient's mind which can be turned to account to produce such a result?

The force which the psychoanalyst uses to overcome his patient's resistance is the libido or sexual instinct. This instinct, we saw, has a tendency to form attachments, first to one thing, then to another; to the person of its possessor, in which case we have narcissism; to some one else of the same sex, in which case we have homosexuality; to the person's mother, in which case we have an Œdipus complex. Now what the psychoanalyst does in the course of an analysis is to influence the patient in such a way that this libido is induced to shift from whatever object it is holding to at the time and to attach itself to him. Stated in plain, everyday language, what the analyst does is to cause his patient to fall in love with him; only he does not speak of it as making the patient fall in love with him; he calls it getting a transference. If one has the fortune to associate with psychoanalysts and hear them talk

together about their work, he will not infrequently hear one say in speaking of his progress with a case, that he has succeeded in getting a good transference.

But how does this transference or falling in love with the analyst help the patient to overcome his resistances and get cured of his neurosis? The answer is easy enough. If the patient is in love with the analyst, he wishes to find the things the analyst wishes him to find and to believe the things the analyst wishes him to believe. The force of the libido vests the psychoanalyst with authority; it produces in the patient an inclination to think and act as the psychoanalyst would have him, which is stronger than the resistance that is pushing him in the opposite direction. Thus the patient comes to recognize the truth of the things the psychoanalyst tells him. He recognizes or admits into consciousness the memories and desires which have been causing his symptoms and when thus, through the force of his love for the psychoanalyst, these wishes and memories are recognized, they lose their power for evil and his symptoms disappear.

In order that there may be no possibility of doubt or misunderstanding in regard to this matter, let us again appeal to the authority of Professor Freud.

Let us first see what he has to say as to the nature of the phenomenon of transference.

"Transference," he tells us, "may occur as a stormy demand for love or in a more moderate form; in place of the desire to be his mistress, the young girl may wish to be adopted as the favored daughter of the old man, the libidinous desire may be toned down to a proposal of inseparable but ideal and platonic friendship. Some women understand how to sublimate the transference, how to modify it until it attains a kind of fitness for existence; others manifest it in its original, crude and generally impossible form. But fundamentally it is always the same and can never conceal that its origin is derived from the same source.

"Before we ask ourselves how we can accommodate this new fact, we must first complete its description. What happens in the case of male patients? Here we might hope to escape the troublesome infusion of sex difference and sex attraction. But the answer is pretty much the same as with women patients. The same relation to the physician, the same over-estimation of his qualities, the same abandon of interest toward his affairs, the same jealousy toward all those who are close to him. The sublimated forms of transference are more frequent in

men, the direct sexual demand is rarer to the extent to which manifest homosexuality retreats before the methods by which these instinct components may be utilized. . . ." [1]

Next let us see what Professor Freud has to tell us about the significance of this transference in psychoanalytic procedure.

"Now we have every reason to correct our former dynamic conception of the healing process, and to bring it into harmony with our new discernment. If the patient is to fight the normal conflict that our analysis has revealed against the suppressions, he requires a tremendous impetus to influence the desirable decision which will lead him back to health. Otherwise he might decide for a repetition of the former issue and allow those factors which have been admitted to consciousness to slip back again into suppression. The deciding vote in this conflict is not given by his intellectual penetration—which is neither strong nor free enough for such an achievement—but only by his relation to the physician. Inasmuch as his transference carries a positive sign, it invests the physician with authority and is converted into faith for his communications and conceptions. Without transference of this sort, or

[1] "A General Introduction to Psychoanalysis," p. 382.

without a negative transfer, he would not even listen to the physician and to his arguments. Faith repeats the history of its own origin; it is a derivative of love and at first requires no arguments. When they are offered by a beloved person, arguments may later be admitted and subjected to critical reflection. Arguments without such support avail nothing and never mean anything in life to most persons. Man's intellect is accessible only in so far as he is capable of libidinous occupation with an object, and accordingly we have good ground to recognize and to fear the limit of the patient's capacity for being influenced by even the best analytical technique, namely, the extent of his narcissism." [1]

Showing still further the tremendous importance which the psychoanalyst attaches to transference, there is an interesting point which Freud raises in the last sentence of the above quotation that is deserving of mention. There is a large group of cases, including those which it is customary to diagnose as dementia præcox, paranoia and melancholia or manic-depressive insanity. These cases, Freud admits, "remain untouched on the whole, and proof against psychoanalytic therapy." As for the cause of the failure of psychoanalytic therapy in these cases,

[1] "A General Introduction to Psychoanalysis," p. 385.

"It is," he tells us, "not lack of intelligence; we require, of course, a certain amount of intellectual ability in our patients; but those suffering from paranoia, for instance, who effect such subtle combinations of facts certainly are not in want of it. Nor can we say that other motive forces are lacking. Patients suffering from melancholia, in contrast to those afflicted with paranoia, are profoundly conscious of being ill, of suffering greatly, but they are not more accessible." [1]

But if neither intelligence nor other motive forces are lacking, what can be the reason for the psychoanalyst's inability to help such cases? Freud explains it as due to the fact that with these patients it is impossible to get a transference, and where there is no transference there is no cure. "They reject the physician not with hostility but with indifference. That is why he cannot influence them. His words leave them cold, make no impression, and so the mechanism of the healing process, which we are able to set in motion elsewhere, the renewal of the pathogenic conflict and the overcoming of the resistance to the suppression, cannot be reproduced in them. They remain as they are." [2]

[1] "A General Introduction to Psychoanalysis," p. 379.
[2] *Ibid.*, pp. 386-7.

The reader might perhaps wish to know why the analyst finds it impossible to get a transference in these cases. To this question, he has a ready answer. The particular form of sexual perversion, which is responsible for the trouble here, is narcissism. These patients are in love with themselves, and when a man has a sexual desire for himself, it is apparently impossible to get him to transfer his affections to any one else.

Having considered the nature of the method of free association, the resistance which the psychoanalyst encounters in applying it, and how this resistance is overcome, let us next consider the nature of the problems it is used to solve and how it is applied in their solution.

THE INTERPRETATION OF DREAMS

A very important procedure in psychoanalysis, in which the method of free association plays an essential part, is the interpretation of dreams. Freud not only believes that lapses of memory, trivial mistakes, and the symptoms of nervous and mental diseases, are due to wishes or purposes, he also believes that all dreams are to be explained in the same way. A dream, according to Freud, is an hallucinatory experience in which those things happen that we wish

to happen, and finding the cause of a dream, like finding the cause of an action, is a matter of finding the wish which has given rise to it. Among the wishes which find expression in our dreams, the most important are the unconscious ones to which, according to psychoanalytic theory, our nervous and mental disturbances are due. During the hours of sleep, the pervert sexual desires and unpleasant wishes of other kinds, which during waking hours are kept locked up in the unconscious, manage to escape and to make their appearance in consciousness in the form of visions. In these visions, however, they appear as something different from what they really are: they wear disguises, the purpose of which is to conceal their identity from the censor who, even in sleep, although his vigilance is somewhat relaxed, continues to stand guard over the doorway which joins the unconscious mind with the conscious.

Figuratively speaking, therefore, a man's dreams are to be looked upon as messages from the unconscious which, if we read them aright, will serve to tell us the nature of the thoughts and desires locked up within it. But these messages are in cipher and must be decoded before they can be understood. The message as it comes to us in code—that is to

say, the dream as related by the patient—is, in psychoanalytic parlance, called the manifest content of the dream. The thought which it is intended to convey is the latent content. The process of turning a man's thought into cipher, which according to Freud's theory is performed whenever he dreams, is called the "dream work." In the course of this process, it is assumed that several things happen. In the first place, one idea or picture is substituted for another, more or less as one word is substituted for another in the coding of a verbal message. Thus, for the idea of sexual intercourse, may be substituted the thought of flying, and for the idea of the male genitals, may be substituted the figure 3. Certain essential parts of the message are then greatly abbreviated or left out altogether, and to conceal the meaning still further, certain extraneous or non-essential things are put in; and finally, the different parts of the message are mixed together in such a way that, to the man unskilled in the art of dream interpretation, they would not make sense even if he knew what each part taken separately was intended to represent.

The collecting and decoding of these messages, Freud calls "dream analysis." In this procedure, the patient is first asked to give the manifest content of

his dream; that is to say, he is asked to give the message as it comes to him in code. The analyst then proceeds to decode it. His first step, of course, is to get at the real meaning of the elements which enter into it. How does he do this? He begins by making use of the associative method which we have described. He asks the patient what the various things that enter into the dream mean to him, or what they suggest to his mind. If the first association offered does not fill the bill, the analyst calls for a second; and if this is unsatisfactory, for a third; and so on until he finally gets something that suits him. As showing the kind of associations which may be called up by the patient in such cases, and which the psychoanalyst looks upon as satisfactory, here are some examples given by Freud himself:

1. "The dreamer 'pulls a certain woman of his acquaintance from behind a bed.' He finds the meaning of this dream element himself by his first association. It means: This woman 'has a pull' with him." [1]

2. "The dreamer 'climbs a mountain from the top of which he has an extraordinarily distant view' . . . he remembers that an acquaintance of his is pub-

[1] "A General Introduction to Psychoanalysis," p. 96.

lishing a 'Rundschau' which deals with our relation to the furthermost parts of the earth. The latent dream thought is, therefore, in this case an identification of the dreamer with the 'Rundschauer'." [1]

3. "Another man dreams that 'his brother is in a closet.' The first association substitutes clothespress for closet, and the second gives the meaning: his brother is close-pressed for money." [2] May I add that, since to dream a thing happens means the dreamer wishes it to happen, this may be interpreted to mean that the dreamer wishes his brother to be close-pressed.

By this process of association, the analyst not only gets at what he conceives to be the real meaning of certain of the code words and phrases found in the message he is endeavoring to translate, he also gets at the missing elements of the dream, the parts of the original message which were abbreviated, or entirely left out when it was turned into cipher.

But the analyst does not depend entirely upon the method of association for the meaning of his dream elements. "There are," says Freud, "certain instances in which no association is forthcoming or if forced does not furnish what is expected." In such cases, he makes use of what he calls symbols.

[1] *Ibid.*, p. 97. [2] *Ibid.*, p. 97.

Symbols, according to Freud's meaning of the term, are "permanent or constant translations" comparable to the interpretations of dream elements found in the popular dream books which are consulted by superstitious servant girls. As their discoverer himself puts it, they "realize in a certain measure the ideal of the ancient as well as popular dream interpretation." Freud's knowledge of the meaning of these symbols, he has obtained, not from the patient's in whose dreams they occur, but "from many widely different sources, from fairy tales and myths, jokes and farces, from folklore, that is, the knowledge of the customs, usages, sayings and songs of peoples, from the poetic and vulgar language."

"The number of things that find symbolic representation in the dream," we are told, "is not great —the human body as a whole, parents, children, brothers and sisters, birth, death, nakedness and a few others. The only typical, that is, regular representation of the human person as a whole is in the form of a *house*. . . . It occurs in dreams that a person, now lustful, now frightened, climbs down the fronts of houses. Those with entirely smooth walls are men; but those which are provided with projections and balconies to which one can hold on,

are women. Parents appear in the dream as *king* and *queen,* or other persons highly respected. The dream in this instance is very pious. It treats children, and brothers and sisters, less tenderly; they are symbolized as *little animals* or *vermin.* Birth is almost regularly represented by some reference to *water;* either one plunges into the water or climbs out of it, or rescues someone from the water, or is himself rescued from it, *i.e.,* there is a mother-relation to the person. Death is replaced in the dream by *taking a journey, riding in a train; being dead, by various darksome, timid suggestions; nakedness, by clothes and uniforms. . . .*"

The great majority of symbols, Freud has found to be sex symbols, and what these are we had best leave him to tell in his own words. "In the first place, the holy figure 3 is a symbolical substitute for the entire male genital. The more conspicuous and more interesting part of the genital to both sexes, the male organ, has symbolical substitute in objects of like form, those which are long and upright, such as *sticks, umbrellas, poles, trees, etc.* It is also symbolized by objects that have the characteristic, in common with it, of penetration into the body and consequent injury, hence pointed *weapons* of every type, *knives, daggers, lances, swords,* and in the

same manner *firearms, guns, pistols* and the *revolver,* which is so suitable because of its shape. In the troubled dream of the young girl, pursuit by a man with a knife or firearm plays a big rôle. This, probably the most frequent dream symbolism, is easily translatable. Easily comprehensible, too, is the substitution for the male member of objects out of which water flows: *faucets, water cans, fountains,* as well as its representation by other objects that have the power of elongation, such as *hanging lamps, collapsible pencils,* etc. That *pencils, quills, nail files, hammers* and other *instruments* are undoubtedly male symbols is a fact connected with a conception of the organ, which likewise is not far to seek.

"The extraordinary characteristic of the member of being able to raise itself against the force of gravity, one of the phenomena of erection, leads to symbolic representations by *balloons, aeroplanes,* and more recently, *Zeppelins.* The dream has another far more expressive way of symbolizing erection. It makes the sex organ the essential part of the whole person and pictures the person himself as *flying.* . . . It is no objection to this conclusion that women may have the same dreams of flying. Remember that our dreams act as wish-fulfillments,

and that the wish to be a man is often present in women, consciously or unconsciously. . . .

"To the less comprehensible male sex-symbols belong certain *reptiles* and *fish,* notably the famous symbol of the *snake.* Why *hats* and *cloaks* should have been turned to the same use is certainly difficult to discover but their symbolic meaning leaves no room for doubt. . . .

"The female genital is symbolically represented by all those objects which share its peculiarity of enclosing a space capable of being filled by something—viz., by *pits, caves* and *hollows,* by *pitchers,* and *bottles,* by *boxes* and *trunks, jars, cases, pockets,* etc. The *ship,* too, belongs to this category. Many symbols represent the womb of the mother rather than the female genital, as *wardrobes, stoves,* and primarily a *room.* The room-symbolism is related to the house-symbol, *doors* and *entrances* again become symbolic of the genital opening. But materials, too, are symbols of the woman—*wood, paper,* and objects that are made of these materials, such as *tables* and *books.* Of animals, at least the *snail* and *mussel* are unmistakably recognizable as symbols for the female; of parts of the body the *mouth* takes the place of the genital opening, while *churches* and *chapels* are structural symbolisms. As you see, all of these symbols are not equally comprehensible.

"The breasts must be included in the genitals, and like the larger hemispheres of the female body, are represented by *apples, peaches* and *fruits* in general. The pubic hair growth of both sexes appears in the dream as *woods* and *bushes.* The complicated topography of the female genitals accounts for the fact that they are often represented as scenes with *cliffs, woods* and *water,* while the imposing mechanism of the male sex apparatus leads to the use of all manner of very complicated *machinery,* difficult to describe.

"A noteworthy symbol of the female genital is also the *jewel-casket; jewels* and *treasure* are also representatives of the beloved person in the dream; *sweets* frequently occur as representatives of sexual delights. The satisfaction in one's own genital is suggested by all types of *play,* in which may be included *piano-playing.* Exquisite symbolic representations of *onanism* are *sliding* and *coasting* as well as *tearing off a branch.* A particularly remarkable dream symbol is that of having *one's teeth fall out,* or *having them pulled.* Certainly its most immediate interpretation is castration as a punishment for onanism. Special representations for the relations of the sexes are less numerous in the dream than we might have expected from the foregoing. Rhythmic activities, such as *dancing, riding* and *climbing* may

be mentioned, also harrowing experiences, such as *being run over.* One may include certain *manual activities,* and of course, *being threatened with weapons.*" [1]

It might be asked how Freud knows that these symbols, culled from so many sources, also find representation in the dream. The answer is simple. If he assumes them to have such significance, the dreams which he studies take on meaning, he can translate them into sexual desires such as he expects to find. To quote his own words, "The fact that every time we trust to this substitution we obtain a satisfactory meaning is forced upon us; until we resolve upon this decision the dream is meaningless, its continuity is broken."

Another question which might be raised is, how, since nearly all the things of which a man may dream or think are to be looked upon as sex symbols, can the psychoanalyst ever interpret a dream as meaning anything else than a sexual desire, for obviously, the same symbolism which will make it easy for him to find one meaning in all dreams will at the same time make it impossible for him to find any other? If every word in dream language means sex, then sex will be the only thing the dream can

[1] "A General Introduction to Psychoanalysis," p. 122 *et seq.*

say. This difficulty, the psychoanalyst gets over very easily by allowing himself the privilege of either looking upon a dream element as a sex symbol, or substituting for it any idea called up by the process of free association, or taking it at its face value, depending on which meaning he thinks it ought to have. And he allows himself still further latitude in that most of the symbols taken to represent the male genital, he may also interpret to mean the female genital and vice versa. And still further, he may not only interpret a dream element in any one of these various ways, he may also, and commonly does interpret it in two or more of these various ways at one and the same time. For example, as we shall see in the interpretation of a dream shortly to be given, a man's tooth may be taken to stand for his father and also for part of his sexual apparatus which in his youth he had feared might be taken from him as punishment for the practice of masturbation.

Having briefly explained the theory and method of dream interpretation, let us now look at a couple of dream analyses to see how it works out in practice. The two specimens which follow are analyses by Professor Freud himself:

(1) "'*He (the dreamer) is traveling in a train.*

The train stops in an open field. He thinks it means that there is going to be an accident, that he must save himself, and he goes through all the compartments of the train and strikes dead everyone whom he meets, conductors, engine drivers, etc.'

"In connection with this, he tells a story that one of his friends told him. An insane man was being transported in a private compartment in a certain place in Italy, but through some mistake another traveller was put in the same compartment. The insane man murdered his fellow passenger. Thus he identifies himself with this insane person and bases his right so to do upon a compulsive idea which was then torturing him, namely, he must 'do away with all persons who knew of his failings.' But then he himself finds a better motivation which gave rise to the dream. The day before, in the theatre, he again saw the girl whom he had expected to marry but whom he had left because she had given him cause for jealousy. With a capacity for intense jealousy such as he has, he would really be insane if he married. In other words, he considers her so untrustworthy that out of jealousy he would have to strike dead all the persons who stood in his way. Going through a series of rooms, of compartments in this case, we have already learned

to recognize as the symbol of marriage (the opposite of monogamy).

"In connection with the train stopping in the open country and his fear of an accident, he tells the following: Once when he was traveling in a train and it came to a sudden stop outside of a station, a young lady in the compartment remarked that perhaps there was going to be a collision, and that in that case the best precaution would be to pull one's legs up. But this 'legs up' had also played a rôle in the many walks and excursions into the open which he had taken with the girl in that happy period in their first love. Thus it is a new argument for the idea that he would have to be crazy in order to marry her now. But from my knowledge of the situation I can assume with certainty that the wish to be as crazy as that nevertheless exists in him." [1]

(2) The following dream is that of a man who had lost his father many years previously.

"*'Father is dead, but has been exhumed and looks badly. He goes on living, and the dreamer does everything to prevent him from noticing that fact.'* Then the dream goes on to other things, apparently irrelevant.

"The father is dead, that we know. That he was

[1] "A General Introduction to Psychoanalysis," pp. 165-6.

exhumed is not really true, nor is the truth of the rest of the dream important. But the dreamer tells us that when he came back from his father's funeral, one of his teeth began to ache. He wanted to treat this tooth according to the Jewish precept, 'If thy tooth offend thee, pluck it out,' and betook himself to the dentist. But the latter said, 'One does not simply pull a tooth out, one must have patience with it. I shall inject something to kill the nerve. Come again in three days and then I will take it out.'

"'This "taking it out,"' says the dreamer suddenly, 'is the exhuming.'

"Is the dreamer right? It does not correspond exactly, only approximately, for the tooth is not taken out, but something that has died off is taken out of it. But after our other experiences we are probably safe in believing that the dream work is capable of such inaccuracies. It appears that the dreamer condensed, fused into one, his dead father and the tooth that was killed but retained. No wonder then, that in the manifest dream something senseless results, for it is impossible for everything that is said of the tooth to fit the father. What is it that serves as something intermediate between tooth and father and makes this condensation possible?

"This interpretation must be correct, however, for the dreamer says that he is acquainted with the saying that when one dreams of losing a tooth it means that one is going to lose a member of his family.

"We know that this popular interpretation is incorrect, or at least is correct only in a scurrilous sense. For that reason it is all the more surprising to find this theme thus touched upon in the background of other portions of the dream content.

"Without any further urging, the dreamer now begins to tell of his father's illness and death as well as of his relations with him. The father was sick a long time, and his care and treatment cost him, the son, much money. And yet it was never too much for him, he never grew impatient, never wished it might end soon. He boasts of his true Jewish piety toward his father, of rigid adherence to the Jewish precepts. But are you not struck by a contradiction in the thoughts of the dream? He had identified tooth with father. As to the tooth he wanted to follow the Jewish precept that carries out its own judgment, 'pull it out if it causes pain and annoyance.' He had also been anxious to follow the precept of the law with regard to his father, which in this case, however, tells him to disregard trouble and expense, to take all the burdens upon himself and

to let no hostile intent arise toward the object which causes the pain. Would not the agreement be far more compelling if he had really developed feelings toward his father similar to those about his sick tooth; that is, had he wished that a speedy death should put an end to that superfluous, painful and expensive existence?

"I do not doubt that this was really his attitude toward his father during the latter's extended illness, and that his boastful assurances of filial piety were intended to distract his attention from these recollections. Under such circumstances, the death-wish directed toward the parent generally becomes active, and disguises itself in phrases of sympathetic consideration such as, 'It would really be a blessed release for him.' But note well that we have here overcome an obstacle in the latent dream thoughts themselves. The first part of these thoughts was surely unconscious only temporarily, that is to say, during the dream work, while the inimical feelings toward the father might have been permanently unconscious, dating perhaps from childhood, occasionally slipping into consciousness, shyly and in disguise, during his father's illness. We can assert this with even greater certainty of other latent thoughts which have made unmistakable contributions to the

dream content. To be sure, none of these inimical feelings toward the father can be discovered in the dream. But when we search a childhood history for the root of such enmity toward the father, we recollect that fear of the father arises because the latter, even in the earliest years, opposes the boy's sex activities, just as he is ordinarily forced to oppose them again, after puberty, for social motives. This relation to the father applies also to our dreamer; there had been mixed with his love for him much respect and fear, having its source in early sex intimidation.

"From the onanism complex we can now explain the other parts of the manifest dream. 'He looks badly' does, to be sure, allude to another remark of the dentist, that it looks badly to have a tooth missing in that place; but at the same time it refers to the 'looking badly' by which the young man betrayed, or feared to betray, his excessive sexual activity during puberty. It was not without lightening his own heart that the dreamer transposed the bad looks from himself to his father in the manifest content, an inversion of the dream work with which you are familiar. *'He goes on living since then,'* disguises itself with the wish to have him alive again as well as with the promise of the dentist that the tooth will be preserved. A very subtle phrase, however, is

the following: 'The dreamer does everything *to prevent him (the father) from noticing the fact,'* a phrase calculated to lead us to conclude that he is dead. Yet the only meaningful conclusion is again drawn from the onanism complex, where it is a matter of course for the young man to do everything in order to hide his sex life from his father. Remember, in conclusion, that we are constantly forced to interpret the so-called toothache dreams as dreams dealing with the subject of onanism and the punishment that is feared." [1]

I wish to call attention in passing to certain points in dream analysis which come out rather clearly in this second example:

First, as to the nature of the wish or motive to which the dream is attributed: Professor Freud finds, in this case, that the dream gives expression to a wish on the part of the patient, that his father may die. This wish, he explains, as due partly to the fact that his father, being an invalid, was a source of trouble and expense to him. Back of this, however, was another reason: the patient has an unconscious enmity toward his father because, in childhood, his father had opposed his sexual activities. The wish, therefore, when traced to its source, is found to be

[1] "A General Introduction to Psychoanalysis," pp. 156-9.

sexual. This is true of Freudian wishes generally. Whatever simple and obvious reason for a wish may appear on the surface, the psychoanalyst is pretty certain to find, lying further back, another and deeper cause, which makes the wish a sexual one. We also note, in regard to the "death wish" to which this dream is attributed, that it is one which has long since been gratified, the father having been dead many years. In this, it would seem that we have a second interesting peculiarity in the wishes brought to light by the psychoanalytic technique: they may, apparently, be directed toward goals or objectives which are already attained.

Having considered the nature of the wish which is supposed to find expression in this dream, let us next consider the way in which Professor Freud brings it to light. He does so by interpreting a certain event symbolically. The patient has a tooth which aches, and he wishes to free himself from the pain by having it extracted. The tooth, we are told, represents the patient's father; the toothache is the pain and expense to which the father gives rise; and the desire to have the tooth extracted is the disguised expression of a wish for the father's death. But a remarkable thing in this bit of dream interpretation is the fact that the event thus interpreted

was not a dream at all, but an actual occurrence which took place after the father's funeral and which the dream of the father's resurrection served to recall. In the actual dream which Freud is here supposed to be analyzing, there is no hint or mention of anything having to do with teeth or toothache.

Now, how comes Professor Freud thus to interpret an actual occurrence as though it were a dream? Does he mean to tell us that, after his father's burial, the patient's wish that he might die actually caused the tooth to ache and sent the man to the dentist with the demand that it be extracted? I do not think so, although there is nothing absurd, from the psychoanalyst's point of view, in supposing that a thing like this might happen, for the analyst believes that many of our aches and pains and apparently rational actions are really an expression of our unconscious desires. In the present case, however, if Freud interprets an actual occurrence as if it were part of a dream, it is because he believes the memory of this occurrence to be intimately connected with the dream. He, therefore, allows himself the privilege of combining the memory of this occurrence with the dream and treating it as though it were part of it. Now this is a very interesting fact, because of the light it throws on Freud's method of dream

analysis. It shows us that when, as here, he finds it convenient to do so, he may take actual events, which the patient calls to mind in association with his dreams, and interpret these events, like dreams, as symbolic representations of unconscious desires. And since there is probably no event in a man's life that is not liable to be thought of in connection with a dream, there is no event which the psychoanalyst may not interpret as the symbolic expression of a disreputable wish, if given a suitable occasion to do so.

There is another interesting thing about dream analysis which might be mentioned here, and that is, that the psychoanalyst claims not only to be able to interpret actual dreams and find the unconscious wishes lying back of them, but he claims to be able to do this in the case of imaginary or fictitious dreams as well. Thus in *"Der Wahn und die Träume* in W. Jensen's *Gradiva,"* Freud takes the dreams of the hero of W. Jensen's novel and analyzes and interprets them like real dreams, showing them to be expressions of unfulfilled wishes. This naturally has resulted in a good deal of adverse criticism. For example, A. Wohlgemuth says: "The hero and his dreams are all creations of the novelist, and Freud's 'latent' and 'manifest' dream-contents

were evidently not in the artist's mind when writing his novel; yet Freud manipulates the manifest dream-content and constructs a latent dream-content out of it. This means that the latent dream-content stands to the manifest dream-content in causal relation, not as antecedent to consequent, but as consequent to antecedent. The manifest dream-content is there, and it is not the consequent of the latent dream-content, but rather its antecedent. The latent dream-content is the product of Freud's own imagination, his own brain-web. In short, it shows that Freud's method can be applied to anything, and that one can always get a result satisfactory to the uncritical." [1]

THE INTERPRETATION OF SYMPTOMS

Having considered Freud's method of uncovering the thoughts and wishes which, in his opinion, lie back of our dreams, we can now understand his method of interpreting the symptoms of nervous and mental disease; for he regards these symptoms as in much the same category as dreams; like dreams, they are, he believes, due to unconscious wishes which find expression in distorted and symbolic form, and they are to be interpreted in almost

[1] "A Critical Examination of Psychoanalysis," p. 56 (The Macmillan Company, 1923).

exactly the same way. To all practical intents and purposes, the procedure of dream interpretation and the procedure of symptom interpretation are one and the same. The reader will be able to see this for himself from the following illustrative case which, like the dream analyses preceding it, has been drawn from the pages of Professor Freud.

The patient is a girl, nineteen years of age, and the symptom which Professor Freud undertakes to explain, and which he calls a "sleep ritual," is a rather absurd routine procedure which this girl went through every night before retiring. "Our patient cites as the motive of her nightly precautions that she must have quiet in order to sleep; therefore she excludes all sources of noise. To accomplish this, she does two things: the large clock in her room is stopped, all other clocks are removed; not even the wrist watch on her night-table is suffered to remain. Flowerpots and vases are placed on her desk so that they cannot fall down during the night, and breaking, disturb her sleep. She knows that these precautions are scarcely justifiable for the sake of quiet; the ticking of the small watch could not be heard even if it should remain on the night-table, and moreover we all know that the regular ticking of a clock is conducive to sleep rather than disturbing.

She does admit that there is not the least probability that flowerpots and vases left in place might of their own accord fall and break during the night. She drops the pretense of quiet for the other practice of this sleep ritual. She seems, on the contrary, to release a source of disturbing noises by the demand that the door between her room and that of her parents remain half open, and she insures this condition by placing various objects in front of the open door. The most important observances concern the bed itself. The large pillow at the head of the bed may not touch the wooden back of the bed. The small pillow for her head must lie on the large pillow to form a rhomb; she then places her head exactly upon the diagonal of the rhomb. Before covering herself, the featherbed must be shaken so that its foot end becomes quite flat, but she never omits to press this down and redistribute the thickness.

"Allow me to pass over the other trivial incidents of this ritual; they would teach us nothing new and cause too great digression from our purpose. Do not overlook, however, the fact that all this does not run its course quite smoothly. Everything is pervaded by the anxiety that things have not been done properly; they must be examined, repeated. Her doubts seize first on one then on another precaution, and

the result is that one or two hours elapse during which the girl cannot and the intimidated parents dare not sleep."

In working out the interpretation of this ritual, Professor Freud tells us that he "had to hint and suggest to the girl, and was met on her part either by positive denial or mocking doubt. This first reaction of denial, however, was followed by a time when she occupied herself of her own accord with the possibilities that had been suggested, noted the associations they called out, produced reminiscences, and established connections, until through her own efforts she had reached and accepted all interpretations. . . .

"Our patient gradually learns to understand that she has banished clocks and watches from her room during the night because the clock is the symbol of the female genital. The clock, which we have learned to interpret as a symbol for other things also, receives this rôle of the genital organ through its relation to periodic occurrences at equal intervals. A woman may for instance be found to boast that her menstruation is as regular as clockwork. The special fear of our patient, however, was that the ticking of the clock would disturb her in her sleep. The ticking of the clock may be compared to the

throbbing of the clitoris during sexual excitement. Frequently she had been awakened by this painful sensation and now this fear of an erection of the clitoris caused her to remove all ticking clocks during the night. Flowerpots and vases are, as are all vessels, also female symbols. The precaution, therefore, that they should not fall and break at night, was not without meaning. We know the widespread custom of breaking a plate or dish when an engagement is celebrated. The fragment of which each guest possesses himself symbolizes his renunciation of his claim to the bride, a renunciation which we may assume was based on the monogamous marriage law. Furthermore, to this part of her ceremonial our patient adds a reminiscence and several associations. As a child she had slipped once and fallen with a bowl of glass or clay, had cut her finger, and bled violently. As she grew up and learned the facts of sexual intercourse, she developed the fear that she might not bleed during her bridal night and so not prove to be a virgin. Her precaution against the breaking of vases was a rejection of the entire virginity complex, including the bleeding connected with the first cohabitation. She rejected both the fear to bleed and the contradictory fear not

to bleed. Indeed her precautions had very little to do with the prevention of noise.

"One day she guessed the central idea of her ceremonial, when she suddenly understood her rule not to let the pillow come in contact with the bed. The pillows always had seemed a woman to her, the erect back of the bed a man. By means of magic, we may say, she wished to keep apart man and wife; it was her parents she wished to separate, so to prevent their marital intercourse. She had sought to attain the same end by more direct methods in earlier years, before the institution of her ceremonial. She had simulated fear or exploited a genuine timidity in order to keep open the door between the parents' bedroom and the nursery. This demand had been retained in her present ceremonial. Thus she had gained the opportunity of overhearing her parents, a proceeding which at one time subjected her to months of sleeplessness. Not content with this disturbance to her parents, she was at that time occasionally able to gain her point and sleep between father and mother in their very bed. Then 'pillow' and 'wooden wall' could really not come in contact. Finally when she became so big that her presence between the parents could not longer be borne com-

fortably, she consciously simulated fear and actually succeeded in changing places with her mother and taking her place at her father's side. This situation was undoubtedly the starting point for the phantasies, whose after-effects made themselves felt in her ritual.

"If a pillow represented a woman, then the shaking of the featherbed till all the feathers were lumped at one end, rounding it into a prominence, must have its meaning also. It meant the impregnation of the wife; the ceremonial, however, never failed to provide for the annulment of this pregnancy by the flattening down of the feathers. Indeed, for years our patient had feared that the intercourse between her parents might result in another child which would be her rival. Now, where the large pillow represents a woman, the mother, then the small pillow could be nothing but the daughter. Why did this pillow have to be placed so as to form a rhomb; and why did the girl's head have to rest exactly upon the diagonal? It was easy to remind the patient that the rhomb on all walls is the rune used to represent the open female genital. She herself then played the part of the man, the father, and her head took the place of the male organ." [1]

[1] "A General Introduction to Psychoanalysis," pp. 227-32.

THE PSYCHOPATHOLOGY OF EVERYDAY LIFE

A thing which we learn when we come to study the symptoms of nervous and mental disease is that there is no sharp line of distinction separating the so-called normal individual from the abnormal. The peculiarities of thought, feeling, and action, which in their more extreme forms are looked upon as pathological, we all of us display in a greater or lesser degree. So, when the psychoanalyist developed a theory and method of procedure which enabled him to explain all the symptoms of nervous and mental disorder in terms of motive or desire, it was inevitable that he should presently come to apply his theory and method in the explanation of what he calls the psychopathology of everyday life. The psychoanalyst believes that the simple errors, slips of the tongue, lapses of memory, and slight oddities of conduct which we all display, are, like our more serious abnormalities of thought, feeling, and action, to be attributed to unconscious wishes. The way in which he explains these trivial lapses and peculiarities can best be shown by a few simple examples.

Our first example is a case, reported by Brill,[1] of a man who had a close friend, named Jack Murphy.

[1] "Psychoanalysis," p. 45 (W. B. Saunders Company, 1923).

One day he wrote a letter to this friend and had difficulty in addressing it, owing to the fact that he could not remember his friend's surname. To find the reason for this lapse of memory, Dr. Brill made use of the associative method; he asked the man to concentrate on the name, Murphy, and tell all the associations it evoked.

"He produced the following: 'Murphy recalls my friend Jack. We went to school together and have been friends since.' He then continued to give a number of incidents connected with their school life, all of which were of a rather pleasant nature and added: 'You see I could talk about Jack and myself for hours.' Asked whether he knew any other Murphy, he was at first pretty sure that he did not, but he soon recalled his friend's brother for whom he entertained great regard. After a while he recalled another Murphy, Mr. Murphy of Tammany fame. He dislikes Tammany Hall and its Leader 'as every good Republican does, but that is no reason for forgetting Jack's name.' He then continued to associate freely from one idea to another until he suddenly broke into laughter and then remarked: 'It is funny that I did not think of it before. I now remember another Murphy, a newspaper man whom I know very well.' Asked to tell something about

him he said: 'This is the only man I hate,' and then delivered a long tirade against this Mr. Murphy."

"We can," says Dr. Brill, "now understand why he could not recall his friend's name. The name Murphy was under repression because it represented a person whom he hated. His own friend's name was also Murphy, but it was to him always Jack. He always called him Jack and in his mind it was Jack not Murphy. He never corresponded with him before. This was the first time he was obliged to use Jack's surname. He could not recall it (1) because it was directly connected with something unpleasant to him and (2) he could not resign himself to give Jack the name of the man he hated.

A second case, also reported by Brill,[1] is of a woman who displayed an aversion to red-haired women. The significance of this dislike was revealed "only after a lengthy analysis after all the resistances were broken." The woman remembered that forty-eight years before she had had an unpleasant experience with a red-haired schoolmate.

A third example, taken from the same author,[2] is that of a man who made a practice of collecting "stick-pins." This man had been suffering for years

[1] "Psychoanalysis," p. 42. [2] *Ibid.*, p. 69.

from psychic impotence and described his malady in the following words: "I have the desire and I have erections when I am alone, and sometimes I can even have an erection when I am with a woman, but I can't stick it in. When I try this the erection fades." "May we not," says Dr. Brill, "assume that his collection of stick-pins was an unconscious activity to get that which he most desired in reality?"

THE PSYCHOANALYTIC THEORY OF CHARACTER FORMATION

I have said that there is no sharp line of distinction between so-called normal people and those who are called mentally ill: everybody is part normal and part abnormal. I might, however, go further than this and say that there is no real distinction between normal mental processes and those forms of mental activity which are called abnormal. Take, for example, the case of the man who has an intense fear of being shut in, which renders him unable to sit in a crowded theater or ride in a railway carriage: we say that this man has a claustraphobia and his fear we look upon as abnormal; but what leads us to regard it as pathological? How does this particular fear differ from those fears which we look upon as normal? The only discoverable difference is that in

this case, we have the fear occurring under conditions in which people do not usually feel afraid, and in which the fear reaction, instead of serving a useful purpose, is a source of trouble and inconvenience. What is true here is true in most cases of abnormal fear and in abnormal reactions generally. Contrary to the usual impression, abnormal behavior is not an essentially different kind of behavior from that which we call normal. In many cases at least, a so-called abnormal reaction is merely a normal reaction occurring in the wrong place. It is a reaction occurring in a situation where we should not expect it to occur, and to which it is not suited. Now, this being so, it is not surprising that the psychoanalyst, having invaded the field of normal psychology in his attempt to explain the peculiar or unsatisfactory behavior tendencies occurring amongst so-called normal people, should presently be applying his theories and methods to the explanation of practically all human tendencies and all forms of conduct; so there has been produced a psychoanalytic theory of character formation which is by all odds the most extraordinary product of psychoanalytic thought.

According to this theory, the main traits of character are believed to be acquired and to be perma-

nently determined for good or ill before the fifth year of life, and the nature of these traits is determined by the particular part of the body in which the young child finds his sexual pleasure or satisfaction. According to psychoanalytic theory, there are three principal parts of the body, or erogenous zones, in which one may find sexual enjoyment; namely, the mouth, the anus, and the genitals. So it follows that we have three types of character developed: namely, the "oral character," the "anal character," and the "genital character."

The first of these three types of character to be "discovered" was the anal character, and this, Freud discovered as a result of his psychoanalytic study of cases of "obsessional neurosis." Jones declares, that the anal character is one of the most astonishing of Freud's findings and "certainly the one that has evoked the liveliest incredulity, repugnance and opposition," which he says, "merely illustrates the remoteness of the unconscious from the conscious mind, for of the truth of the statement itself no one who has undertaken any serious psychoanalytical study can have any serious doubt." The same writer also tells us that there are two aspects of anal-eroticism to be remembered when tracing back to its source any specific anal constituent, these being,

(a) pleasure in the act—twofold, expulsion and retention; (b) pleasure in the product.

Freud's cardinal triad of anal characteristics are: (a) parsimony, which may become avarice; (b) obstinacy, which may become defiance and perhaps also include irascibility and vindictiveness; (c) orderliness (bodily cleanliness, reliability, conscientiousness in performance of petty duties)—in an over-accentuated form, pedantry.

The parsimony or love of money is of course due to the fact that money symbolizes fæces. The love of money is an expression of the love of the anal-erotic child for his excrement. Ferenczi has traced the development from fæces to symbolization in money as follows: fæces, mud-pies, sand, pebbles, coins. It is claimed that the markedly anal-erotic child would, if allowed to do so, take great pleasure in smelling, touching, molding, smearing, and hoarding his fæces, and that these tendencies may determine his choice of occupation in adult life. Later interests in painting, sculpture, cooking, metal molding, and carpentry are believed to be traceable to the child's early coprophilic pleasure in smearing or molding.

The second of the triad of anal characteristics (namely, obstinacy which may become defiance,

irascibility or vindictiveness) has its root in the antagonism awakened in the child by the deprivations inevitably associated with sphincter training. He resents being compelled to part with the fæcal material which he values so highly, and in which he finds his sexual pleasure.

The third anal characteristic (orderliness) is due to overcompliance on the part of the child with the demands of the parents and of society that he shall give up the dirty practices involved in the enjoyment of his fæces and be neat, clean, and orderly in his habits. In his efforts to stand erect, he leans over backward.

It might be worth while to add that, according to Abraham, there are certain facial evidences of the anal character. The "anal physiognomy" is characterized by a morose expression, constant tension of the nostril line with a slight lifting of the upper lip, the impression being given of a constant sniffing.

So much for the anal character and the causes responsible for its development: but what, it may be asked, of the oral and genital characters? With these we shall not here concern ourselves. Our interest is in the process of psychoanalytic thought and not the product. The sample here given is sufficient to show the lines along which the psychoanalyst has pro-

ceeded in building his theory of character formation. To go further into the details of this theory at the present time would be to lose sight of our objective.[1]

[1] For corroboration of the account here given of the psychoanalytic theory of character formation, see Healy Bronner and Bowers, "The Structure and Meaning of Psychoanalysis," p. 310 *et seq.* (Alfred A. Knopf, 1930).

CHAPTER III

HOW THE PSYCHOANALYST PROVES HIS CASE

HAVING described the psychoanalyst's technique, and having indicated by the use of a few brief examples the general nature of the conclusions to which it has led him, let us now consider the question of how by means of it he is able to establish the truth of his theories.

THE NATURE OF THE EVIDENCE

When, in a court of law, the prosecuting attorney wishes to show that the motive lying back of a certain criminal act was a desire for revenge, there are three things he tries to do. First, he tries to discover some event or series of events which might be expected to have produced such a desire. Second, he tries to bring to light other acts or utterances of the accused which might seem to indicate that such a wish actually existed. And, third, he considers the nature of the crime itself and tries to show that it was one which a person actuated by such a desire might be expected to commit.

If we stop to consider the matter, we can see that this also is the method pursued by the psychoanalyst when he wishes to show that a certain motive or wish is the cause of the symptom he has to explain. First, he goes back into the previous life of his patient in an attempt to find some experience or combination of experiences which might be expected to have given rise to such a desire. Second, he studies the patient's dreams and utterances, seeking to find in these occurrences evidence of the fact that such a wish actually exists; and third, he considers the nature of the symptom itself, seeking to show that in it we have a form of behavior which this wish might be expected to produce.

But, although in attempting to show the motive for an act the psychoanalyst uses the same method as is used by the lawyer, the nature of the evidence which he presents is quite different.

First, consider the nature of the occurrences cited to account for the development of the wish. When a lawyer cites an occurrence as the probable cause of a wish for revenge, he cites one which, according to the experience and judgment of the ordinary person would seem adequate to produce such an effect: he shows that the man suspected of harboring the wish has been robbed of good name or fortune or

has suffered some other serious injury at the hands of the man who is supposed to be the object of his enmity. When, however, the psychoanalyst cites an event as the cause of the wish responsible for a symptom, he is likely to cite some simple childish experience of a kind to which we are not accustomed to attach any particular importance: frequently also, he cites occurrences which the patient says he remembers as taking place, while he was still a fœtus in his mother's womb. Certain psychoanalysts attach supreme importance to these pre-natal memories, notably Rank, whose psychoanalytic investigations have led to the remarkable discovery that intrauterine life is highly pleasurable and that subsequent existence is a condition of never-ending unconscious desire to return to this happy state.

But not only are the occurrences cited by the analyst of a kind which would seem inadequate, in the eyes of most people, to produce the results attributed to them; they are also, in the majority of cases, events which never took place at all. They are fictitious occurrences which the patient has merely imagined. That there may be no possibility of doubt in regard to this matter, let me again quote the words of Professor Freud.

"I have indicated that we must still become

familiar with a new factor. It is something really surprising and confusing. You know that by analysis of the symptoms we arrive at a knowledge of the infantile experiences upon which the libido is fixated and out of which the symptoms are formed. Well, the surprising thing is this, that these infantile scenes are not always true. Indeed, in the majority of cases they are untrue, and in some instances they are directly contrary to historical truth. You see that this discovery, as no other, serves either to discredit the analysis which has led to such a result, or to discredit the patients upon whose testimony the analysis, as well as the whole understanding of the neurosis, is built up. In addition there is something else utterly confusing about it. If the infantile experiences, revealed by analysis, were in every case real, we should have the feeling of walking on solid ground; if they were regularly falsified, disclosed themselves as inventions or phantasies of the patients, we should have to leave this uncertain ground and find a surer footing elsewhere. But it is neither the one nor the other, for when we look into the matter we find that the childhood experiences which are recalled or reconstructed in the course of the analysis may in some cases be false, in others undeniably true, and in the majority of cases a mixture

of truth and fiction. The symptoms then are either the representation of actual experiences to which we may ascribe an influence in the fixation of the libido, or the representation of phantasies of the patient which, of course, can be of no etiological significance. It is hard to find one's way here. The first foothold is given perhaps by an analogous discovery, namely, that the same scattered childhood memories that the individuals have always had and have been conscious of prior to an analysis may be falsified as well, or at least may contain a generous mixture of true and false. Evidence of error very seldom offers difficulties, and we at least gain the satisfaction of knowing that the blame for this unexpected disappointment is not to be laid at the door of analysis, but in some way upon the patients." [1]

It will be noted that the experiences of which Freud here speaks as being in the majority of cases untrue are the patient's infantile experiences; that is to say, they are things he remembers as occurring after he was born. But how about his pre-natal experiences, are they also false? It may be that the patient's memory of the things that occurred before he was born is more accurate than his memory of the things which occurred after: it does not

[1] "A General Introduction to Psychoanalysis," pp. 319-20.

seem very likely, however, that such would be the case.

Turning next to the nature of the evidence cited to show that the wish in question is actually present: The lawyer seeking to prove the existence of a wish for revenge, quotes statements in which the accused has given clear expression to this wish. The psychoanalyst, however, cites such things as slips of the tongue and dreams which have no apparent meaning until he himself has interpreted them, and his method of interpretation is such that he can get in any case practically any meaning he may desire.

Finally, as to the evidence afforded by the symptom itself, which is the act for which the psychoanalyst is trying to show motive, it usually requires just about as much interpreting as does the dream, and its interpretation is just as much open to question. When a man sets fire to his neighbor's house and the prosecuting attorney assumes that he did so from a desire for revenge, we may accept this assumption as having at least a fair degree of probability. It is a form of behavior which, according to our experience, such a desire might be expected to produce. But when a neurotic girl places one pillow on another to form a rhomb and sleeps with her head on the diagonal of the rhomb, it does not seem

very probable that the pillow stands for an open female genital, the woman's head for her father's penis and that her action therefore indicates the existence of a sexual desire which she thus gratifies. Similarly, it does not seem that stopping clocks and watches is a form of behavior likely to result from the desire to avoid the painful throbbing of the clitoris which occurs in sexual excitement.

THE METHOD OF CONVINCING THE PATIENT

Now one would hardly expect evidence of this kind to carry much weight with people of ordinary common sense, and certainly it would not be tolerated in our courts of law; yet it is apparently accepted as sound and convincing by the man who is being psychoanalyzed. How is this to be explained? How are we to account for the fact that the psychoanalyst is able to offer his patient evidence of this kind as proof of his theories, and in the language of the street, "get away with it"?

The answer to this question is to be found mainly in the difference between the attitude of the patient to whom the psychoanalyist presents his evidence and that of the judge who attempts to weigh the evidence and arguments presented in a court of law. The judge in the court of law has faith in his

own judgment. He is the supreme authority. He is on the alert to detect flaws in the evidence, and is prepared to believe that what looks to him like an absurdity really is an absurdity, unless he can be shown good reason for thinking otherwise. The patient of the psychoanalyst, on the contrary, sees himself as an ignorant and humble disciple sitting at the feet of his master. His business is not to criticize but to seek to grasp the truths offered to him. With such an attitude, if certain conclusions drawn appear to be unwarranted by the evidence, he does not conclude that the logic of the analyst is at fault, but rather that his own mental limitations are such as to render him incapable of understanding the significance of the facts presented. Indeed, the more trivial the evidence, the more obscure the reasoning, and the more preposterous the conclusions, the more profoundly will he be impressed, for these things will simply serve to show what a marvelous science is psychoanalysis, and what a wonderful man the psychoanalyst who, by ways so devious and incomprehensible, can arrive at a knowledge of truths so astounding.

To understand this situation, we must bear in mind that whether or not a man exercises the ordinary intelligence which nature has given him in a

matter of this sort, depends largely upon his premises or point of view. If he starts out with the assumption that his own judgment is sound, he will end up with the conclusion that the other man's logic is just as bad as, measured by the yardstick of his own judgment, it appears to be. If, however, he starts out with the assumption that the other man is unquestionably right, the fact that this man's methods and conclusions run counter to everything that he himself and the rest of the world are accustomed to believe, will simply serve to show how wrong he and other ordinary folk must be in their thinking, and how much wiser this man must be than the common run. The psychoanalytic patient has this second point of view, and that is at least one of the reasons why in dealing with the evidence presented he exercises so little critical judgment or common sense.

But why should the patient have such a high regard for the psychoanalyst's judgment and such a low opinion of his own?

There are three reasons that might be mentioned why the patient tends to form a very high opinion of the judgment of the psychoanalyst. (1) There is the psychoanalyst's professional prestige, the reputation which he has been at great pains to build up

and maintain in the eyes of the public of being a man of marvelous understanding, deeply versed in the mysteries of the mind. Truly it would be an act of presumptuous folly for the patient to oppose his own puny judgment to the judgment of such a one. (2) There is the fact that the patient is a sufferer seeking relief from his suffering. Such people, as we know from experience, are apt to be very credulous in their attitude toward those who hold out to them the promise of cure. The desire to be cured carries with it the desire to believe in the possibility of cure, which in turn carries an inclination or tendency to believe in the wisdom and veracity of him by whom the cure is promised. This tendency is in many cases a very strong one and has worked to increase the power and prestige of mental healers of all kinds in all ages, from the earliest times right down to the present. (3) There is the so-called transference, the personal attachment which the patient tends to form for the analyst during the analysis. Whether or not this attachment is always a sexual one, as the psychoanalyst would have us believe, it is at any rate an infatuation in which everything the analyst says or does seems wise and wonderful in the patient's eyes. It, therefore, to quote the words of Professor Freud, "invests the physician

with authority and is converted into faith for his communications and conceptions."

In addition to these things which are used to build up faith in the psychoanalyst's judgment, there is another very important one that is used to serve the same end by breaking down the patient's faith in his own.

The psychoanalytic procedure, we have seen, is in large part a matter of calling up thoughts and memories by the so-called method of free association. Among the things which occur to the patient in the course of this procedure, there are many which he finds it unpleasant or painful to relate and which he, therefore, tends to hold back. But his likes and dislikes not only operate to prevent him from telling all the thoughts and memories that come to him, they also affect his judgment. Where the mention of a thought or action is productive of pain, it is frequently because of the construction that may be placed upon it, the cause or motive to which it may be attributed, and there is in the psychoanalytic patient, as there is in all of us, a tendency to reject those explanations which are disagreeable and to accept those which are pleasant. As might be expected, in the early stages of psychoanalytic treatment, the patient is distressingly aware of a sharp

conflict going on within him between this tendency to withhold or reject the distasteful, and the opposing tendency to play fair with the psychoanalyst, to look facts honestly in the face so that a cure may be effected. The patient's state of mind at such a time is not entirely unlike that of the man having an operation performed on his hand without anæsthetic, who experiences an impulse or desire to hold his hand out so that the surgeon may work on it, and at the same time a conflicting impulse to pull it away and so escape the pain to which the operation gives rise.

Now there is a serious difficulty which the man encounters who, like the psychoanalytic patient, is striving to prevent his aversions from modifying his thinking, and that is the difficulty of telling what part this factor really plays in determining his opinions. When the arguments offered in support of a certain opinion seem foolish and absurd, it may be because the conclusion to which they lead is unacceptable, but it may also be because they really are as foolish as they seem, for not every unwelcome conclusion has sound logic back of it. There are two kinds of resistance that may be raised against an unwelcome opinion, the resistance of prejudice, which of course should be overcome, and the re-

sistance of intelligence and common sense, which is deserving of respect. How is the patient to know, when the arguments of the psychoanalyst impress him unfavorably, whether his resistance is of one kind or of the other?

The confusion and uncertainty which this problem tends to produce in the mind of the patient, the psychoanalyst has utilized very cleverly. The psychoanalyst has so stressed the pernicious effects of resistance, and has attributed to it such subtlety and cunning, that he has come to envisage it as a sort of evil spirit which is forever putting doubts and objections into people's minds in order to prevent them from understanding or accepting the great truths of psychoanalysis. As a matter of fact, practically all of the opposition he encounters, whatever its nature or from whatever source it may come, he attributes to this cause. This conception of resistance as a tricky enemy against whom one must wage a constant war, he is at great pains to impress upon his patient, and every time the patient's doubts are awakened by those "difficulties and improbabilities" which, as Freud tells us, "a normal yet uninstructed thinking is bound to find in the theory of analysis," that is to say, every time the analyst tries to shove something down the patient's throat which the lat-

ter finds it particularly hard to swallow so that he is moved to offer criticisms or objections, the analyst disposes of these objections by pointing out that they are simply another manifestation of the pernicious activities of the arch-enemy, Resistance, against whom we must be constantly on guard and whom we must be ever striving to overcome.

This clever device for smothering the doubts and criticisms of honest seekers after truth did not of course originate with psychoanalysis. The reader will recognize it, as one which has been used with good effect in times past by theologians of a type now somewhat less common than it used to be. These gentlemen were accustomed to reply to criticisms or doubts of the doctrines they sought to inculcate by pointing out that such doubts were put into people's minds by the Evil One in order to prevent them from coming to a knowledge of the truth. Freud's truths have a somewhat different flavor from those of the fire and brimstone theologians and he has substituted as the source of all evil a fiend of his own devising, whom he calls Resistance, in place of the old-fashioned Beelzebub. Otherwise, the procedure seems to be pretty much the same.

I might remark in passing, that this is not the only respect in which psychoanalysis shows a resem-

blance to certain forms of religion which, as we advance to higher cultural levels, we are tending to leave behind us. Psychoanalysis is not merely a theory, it is also an experience; therefore one cannot know it merely from reading books; one must also come into personal contact with people whose lives it has touched, must observe their reactions and listen to what they have to say about it. I wish I could reproduce here a conversation I had several years ago with a fellow psychiatrist who had recently returned from being psychoanalyzed in Vienna and who since that time, by reason of his boundless enthusiasm for the cause and the influential position which he has occupied, has done a great deal to increase the power and prestige of the psychoanalysts in this country. This man told me that it was useless for anyone to try to understand psychoanalysis from books, that it was something which could only be understood by those who had passed through the experience of being analyzed. He spoke of the intense emotional conflicts through which he passed in the course of his analysis, of how, as he lay on the couch during his daily "hour," his body would be all aquiver and he spoke of the outpouring of emotion, the inflow of light and understanding, and the blessed relief that came to him as, one after

another, the "dams of resistance" gave way. I remarked that the whole thing sounded very much like the good old-fashioned form of religious conversion which I used to hear about in my youth, where the sinner went through a period of terrible agony in which he wanted to be saved, only somehow his own wicked spirit held back and refused to yield to the Spirit of the Most High, until finally his resistance gave way, there was an outpouring of pent-up emotion, culminating in a feeling of serenity and peace, and the truths of religion, which never could be understood even by the wisest men from mere thought or study, became quite clear to him. The psychoanalytic convert's answer to this suggestion of mine struck me as quite significant. He admitted that psychoanalytic conversion and the old-fashioned religious conversion, when one tried to describe them, might seem somewhat alike. They were nevertheless very different: he knew they were different because he had experienced both.

REËDUCATION IN PSYCHOANALYSIS

We have considered the way in which the psychoanalyst acquires control over the mind of his patient, but there is a good deal more to the story than this. The analyst, although he makes use of every possible

means to gain this ascendancy, has no objection to the patient thinking for himself. Quite the contrary, he is very anxious that he should do so, provided only that he thinks in the right way, the right way being of course the way in which the psychoanalyst himself thinks. What the psychoanalyst wishes to make of his patient is not a mental paralytic to be spoonfed, but an enthusiastic disciple who will dig up the evidence in his own case and interpret it himself, under the guidance of the psychoanalyst, in the way that it should be interpreted. How is this to be accomplished?

If we study the way in which the psychoanalyst arrives at his conclusions, we see that it is mainly by attaching symbolic meanings to the dreams and waking thoughts and actions that form the evidence upon which his opinions are based; and this in turn depends upon the fact that he sees and pays attention to analogies, which the ordinary man either does not notice at all or else passes by as of no consequence. For example, Freud sees in a patient's account of the trouble once caused by a diseased tooth that he wished to have pulled, an analogy to the pain and expense of his invalid father, and interpreting this incident symbolically, he arrives at the interesting conclusion that the patient has a wish

for the death of his already dead father. Similarly, when a girl makes a practice of stopping clocks and watches before going to bed at night, he observes the analogy between the ticking timepiece and the throbbing clitoris, and so is enabled to see that this act is due to a desire to avoid sexual excitement. Now, since in psychoanalytic procedure the discovery of unconscious desires is dependent on the perception of these analogies, the first thing necessary in educating a man to think psychoanalytically is to educate him to see and pay attention to them.

This result is achieved partly by the ordinary methods of instruction, by talking to the patient and giving him literature to read in which the symbolic method of interpreting dreams, thoughts, and actions is explained at length. Much more important, however, is the actual training and experience given to the patient in the application of this procedure in the course of the analysis.

Consider, for example, the practice given to the patient in the interpretation of dreams. Each day, in the course of his "hour" with the analyst, he is called upon to relate his dreams of the night before, which he and the analyst then proceed to work out together. In seeking to determine the meaning of the dream elements, the psychoanalyst falls back

when necessary upon his permanent or stock interpretations, for which he is in no way dependent upon the patient and by means of which he can show practically any dream to be the expression of a sexual desire. More frequently, however, he gets the meaning of the dream element from the patient himself. This, we have seen, he does by the method of free association. The patient is required to let his mind drift, and mention everything that occurs to him which is suggested by the dream element, without regard to how trivial, indiscreet, or indecent it may appear or be. If the first association given does not satisfy the analyst, he calls for a second; if this does not fill the bill, he calls for a third; if the patient says he cannot think of any more, he urges him to keep on trying; until finally one is produced which the psychoanalyst recognizes as the right one. Since probably every thought or memory bears some relationship, immediate or remote, to every other thought, there is of course no limit to the number or variety of associations which may be called up in connection with any dream element in this way; and so, if the patient is coöperative and the analyst sufficiently persistent, he is fairly certain, sooner or later, to get an association to his liking. The procedure is much like that in which a man decides a question

by throwing up a coin, but allows himself the privilege of tossing it over and over again, until it falls as he wants it.

But this procedure not only enables the analyst to get from the patient the kind of associations which fit his theory, it also produces an inevitable effect upon the patient's own habits of thought. It does not take many repetitions of such a performance for the patient to get a fairly accurate idea of the kind of association the analyst is looking for, and when this happens, when he knows that the analyst, who is sitting beside him urging him to let his mind drift, is only waiting for an association of a certain kind to come up to pounce upon it, his mind will inevitably drift toward associations of that kind. For example, I am quite sure that if I myself were being psychoanalyzed and the analyst were to ask me what a walking stick, an umbrella, or a chimney made me think of, my first association, if I were truthful, would be a penis, for I am sufficiently familiar with psychoanalytic thought to know what kind of thing the analyst is seeking, and that knowledge, under such circumstances, would afford a sufficiently powerful stimulus to determine the direction of my thoughts. And I am sure also that if, day after day, week after week, I kept calling up

ideas of this sort in response to the demands made upon me in this so-called method of free association, the thing would presently become a habit. I would be seeing the symbolic expression of sexual thoughts and desires in pretty nearly everything that came to my attention.

And this, of course, is what actually does occur in the case of the psychoanalytic patient. Yielding up, in compliance with what is presented to him as a mere technical requirement, the voluntary control over his own thinking, letting his mind drift under the influence of those forces which the psychoanalyst brings to bear upon it, his thoughts flow along the channels in which the analyst wishes them to flow. Thus he develops new habits of association; that is to say, new ways of thinking. His mental processes come to resemble those of the psychoanalyst in whose hands he has placed himself.

When the patient has been sufficiently trained in the technique of drawing analogies as practiced by the psychoanalyst—psychoanalogist would be a more appropriate term—the next step, of course, is to encourage him, under the supervision of his mental trainer, to begin making interpretations of his own. As a rule the patient may be relied upon to throw himself into this work with a good deal of

zeal; for not only is there to be found in it the satisfaction of doing something that he believes to be very clever and remarkable, there is also the added satisfaction that comes from winning the approval of his beloved master; a very important factor indeed, since, with most people, most of the pleasure to be found in doing something clever comes from having the right kind of an audience.

In the same way and at the same time that the patient is being trained in the art of observing and using those analogies, by means of which his sleeping and waking actions may be interpreted as symbolic expressions of disreputable desires, he is also being trained in the art of calling up the memories of those experiences, real or imaginary, to which these desires are due. The patient, having learned from experience just what kind of memories the analyst requires to substantiate his theories, sets himself with enthusiasm to the task of digging up memories of this kind. Infantile memories, he finds, are especially in demand, and the earlier the better, so he endeavors to recall the incidents of his early childhood. Here he encounters what under other circumstances might prove a serious handicap; he finds that his memory for these early experiences is extremely vague, so much so that he cannot be sure

in many cases whether the pictures he calls up are memory images at all, or mere phantasies. In the world of psychoanalysis, however, this inability to distinguish between the imaginary and the real is a matter of no consequence for, as Professor Freud says, "These phantasies possess *psychological* reality in contrast to *physical* reality, and so we gradually come to understand that *in the realm of neuroses the psychological reality is the determining factor.*"[1] As this understanding of which Freud speaks, gradually penetrates into the patient's mind, as he comes to realize that in the eyes of the analyst his phantasies are of the same value as actual occurrences, so that there is no need of making any great fuss about distinguishing the one from the other, he naturally finds his task of recalling infantile experiences much simplified. As time goes on, as he becomes gradually emancipated from his old inhibitions or resistances, which hitherto have prevented him from giving his fancy rein, he is able to go back farther and farther into the past in his work of memory recall, right back to the day when he was born, and back of that even into the time when he was nothing but a fœtus in his mother's womb.

Professor Freud tells us that the man who has

[1] "A General Introduction to Psychoanalysis," p. 321.

been psychoanalyzed is a changed man, and we can see that this is unquestionably true, in at least so far as his mental habits are concerned. For one thing, he has acquired the knack of perceiving analogies and his habits of association have been so altered that almost everything which comes to his attention tends to call up the thought of something sexual. Also his recognition of the line that should separate the real from the imaginary, which was probably none too clear to begin with, has been still further blurred by his psychoanalytic training, so that, looked at from the standpoint of its value as evidence, anything he may have to say about his infantile experiences must be taken as pure moonshine.

To appreciate the full significance of the changes in the mental habits of his patients which the analyst produces by his technique, it is necessary to remember how much belief and judgment depend on our habits of thought. If the judge in the court of law and the scientific worker in his laboratory frequently display a critical attitude toward the evidence presented to them which is not shown by the average man, it is due largely to the training they have received and the mental habits this training has given them. If to men of an earlier generation it seemed absurd to suppose that the world went around the

sun, or that men were descended from monkeys, while to us these ideas seem quite reasonable, if in the United States of America it is believed to be a very wicked thing to have more than one wife, while in the Orient it is looked upon as quite proper, it is again due to differences in education and the differences in mental habits which these differences in education have produced.

Man's reaction to any new idea is determined by his preëxisting beliefs and likes and dislikes, and these beliefs and likes and dislikes are due, in large part at least, to conditioning and habits of thought. Inducing a man to accept any radically new idea or point of view is, therefore, largely a matter of breaking down existing mental habits and building new ones to replace them, a result not to be achieved without expenditure of effort, for habits once formed tend to persist, streams which have worn for themselves channels in which to flow tend to keep on flowing in these channels, and force of some kind must be exerted if one is to make them flow in any other direction. In other words, resistance must be overcome. Here, in the psychoanalytic technique, is, as we have shown, an instrument shrewdly fashioned for this work of breaking down the mental habits which would prevent a man from accepting

the teachings of the psychoanalyst and for the building of more acceptable habits in their place.

The habits which the analyst must overcome in inducing a man to accept his theories are of three kinds: (1) there are the preëxisting habits of thought by reason of which he tends to explain psychological phenomena in other ways than those in which the analyst thinks they should be explained; (2) there is the pernicious habit of demanding proof, in support of any new theory, of a kind which the analyst is unable to give; and (3) there is the habit of turning one's back upon things which are unpleasant or disgusting. The analyst fixes his attention upon the third of these three sources of resistance and closes his eyes to the other two. He finds it more comfortable and satisfactory to believe, when he is breaking down his patient's habits of critical judgment and common sense, that he is merely helping him to overcome a pernicious tendency to turn his back upon the unpleasant. One would think from listening to the words of the psychoanalyst that resistance was a sort of mental impurity which was entirely eradicated by the process of psychoanalysis. As a matter of fact, a man has just as much resistance in his nature after psychoanalysis as he had before, only it takes a different form. Before analysis, it

showed itself in the rejection of arguments in favor of psychoanalysis, and afterward, it shows itself in the rejection of arguments against it.

The new mental habits developed in the course of a psychoanalysis predispose the patient to look favorably upon the arguments and evidence presented by the analyst, but that is not all. They also lead the patient to discover for himself the evidence which proves the truth of psychoanalytic doctrine. At the beginning of the analysis, the analyst tells the patient that his dream elements have certain meanings, that a walking stick means a penis, and that a decayed tooth stands for his father, and the patient must simply take his word for it, he cannot see for himself that these things are so. But, as the analysis progresses, the patient reaches a place where the evidence is before his eyes. He can see for himself that these things actually have for him the meanings which the analyst says they have. How is this fact to be explained? What does the perception of these truths really amount to?

If we stop to consider the question of what a man does when he perceives that a word, sign, or action has a certain meaning, we see that he simply looks into his own mind and observes what thought, memory or feeling is called up in association with

it. For example, the name of William Jones calls up in my mind the thought or memory of a certain person and so I say that the name, William Jones, means to me this particular man; a red light is similarly associated in my mind with the thought of danger; a certain gesture is associated with a mental attitude of disgust; and a certain piece of music has a plaintive meaning, for it calls up a feeling of sorrow or the thought of sorrow when I hear it. Now it is in exactly the same way that the patient perceives for himself the significance of the elements of his dreams. He looks into his mind to see what thought or feeling is connected with the dream element, and this thing is its meaning. After an analysis, a man tends to discover in his mind the kind of meanings necessary to substantiate the theory of psychoanalysis, but the reason he sees these meanings, that is to say, the reason he calls up the kind of associations necessary to achieve this result, is because of the new habits of association which have been formed in the course of the analysis. Neither the analyst nor the patient realize this, however. They assume that the patient's dream elements always had such meanings for him, only before the analysis his resistance prevented him from seeing them. Now that this resistance is overthrown, the

meanings of these dream elements have become apparent. What the analyst really does, therefore, in developing new habits of association in the mind of his patient is to manufacture evidence in support of his theory.

Also, of course, the analyst is manufacturing such evidence when he leads his patient on to distort or call up from his unconscious, the memory of imaginary experiences which will serve to substantiate the doctrines of psychoanalysis. Freud, although he accepts these false memories as evidence, disclaims all responsibility for them on the grounds that "the same scattered childhood memories that the individuals have always had and have been conscious of prior to analysis may be falsified as well, or at least may contain a generous mixture of truth and error." That is to say, he sees proof that the psychoanalyst is not responsible for these falsifications in the fact that there are other falsifications which cannot be laid to his door. This is, as if a man accused of a certain crime were to offer as proof of his innocence, the fact that other similar crimes had been committed at other times of which he could not be held guilty. A truly Freudian piece of logic!

We are now in a position to see how absurd is the claim that one must practice psychoanalysis before

he is qualified to criticize it. Because, in order to practice psychoanalysis one must first accept its theory; he must give assent to the claim that a man's dreams, slips of the tongue, and chance associations have the significance attributed to them, and the man who assents to all this has already accepted the doctrines of psychoanalysis. To assert, therefore, that one cannot judge of the merits of psychoanalysis until one has practiced its technique, is to demand that one shall accept it as true as a preliminary to forming any opinion in regard to it. The position taken in this matter by the psychoanalyst is essentially the same as that of those exponents of religion, who claim to see the truth of their religion through the eyes of faith, and who demand that one shall first believe, maintaining that if he will only do so he will then come to see the truth of those doctrines which he has thus taken on trust.

CHAPTER IV

THE PRACTICAL VALUE OF PSYCHOANALYSIS

We have considered the evidence upon which the theory of psychoanalysis has been built. Let us now consider the question of its practical value in the treatment and prevention of mental disorder. Let us begin by considering its value from the standpoint of treatment.

If the psychoanalyst is correct in his belief that our mental ills are due to motives or desires which are productive of harm because they are kept bottled up in the unconscious, then the way to cure our mental ills is to get rid of these unconscious desires, or, if that is impossible, to bring them into consciousness where they will no longer give rise to the symptoms which result from their repression; and that, of course, is what the psychoanalyst claims to be able to do by the use of his psychoanalytic technique. Psychoanalysis is a diagnostic procedure and at the same time a form of therapy. It is—or is at any rate supposed to be—a sort of mental surgery,

by means of which the psychoanalyst releases from the unconscious mind the deeply buried motives to which the patient's mental disturbances are due, permitting them to find their way into consciousness where they will be productive of no further harm.

Now, if the psychoanalyst is able to cure, by this form of treatment, the ills which he attributes to the presence of unconscious desires, we must either take his theories seriously, in spite of the flimsy foundation upon which they have been built, or else we must find some other way to explain the success of psychoanalytic treatment.

If the psychoanalyst is correct in his theories as to the etiology of mental disorder, there are two large groups of cases which psychoanalysis might be expected to cure. These are (1) the so-called functional nervous diseases or neuroses, and (2) the functional mental diseases or functional psychoses. Let us first consider the question of the efficacy of psychoanalysis as a form of treatment in dealing with the neuroses.

THE PSYCHOANALYTIC TREATMENT OF THE NEUROSES

Psychoanalysis, as everyone knows, was first used in the treatment of the neuroses, and it is claimed by the psychoanalyst that his treatment has here met

with success. But how great has this success really been? That is a question which it is impossible to answer, for we have no statistics, either good or bad, upon which to base a conclusion. All we have are more or less contradictory personal impressions and hearsay evidence upon which no great reliance can be placed. The psychoanalyst, we find, is enthusiastic about the success of his treatment; but unfortunately for his worth as a witness, he comes before us as a salesman trying to sell his goods, and the opinions of a salesman under such circumstances must always be taken with a grain of salt. There are also certain of those who have been treated by psychoanalysis who are loud in its praises, but the testimony of these people might be more convincing if they were a little less ardent; for their extravagant expressions of approval of the analyst and all his works simply serve to remind us of the fact that transference, or, in other words, falling in love with the analyst, is an essential part of the psychoanalytic procedure, and that love is proverbially blind. Whether there is any therapeutic value in psychoanalysis or not, it is a foregone conclusion that these people will believe that there is.

Our most reliable witness is probably the medical practitioner. Medicine today has become so com-

plex that the competent physician no longer feels qualified to treat all the different kinds of cases which come to him. So he finds it necessary to become, among other things, a sort of clearing house. He refers this patient to one specialist and that patient to another and then watches with keen interest to see what results these specialists will achieve, because he wants to know, for his own future guidance, whether he acted wisely in sending his patients to these men. Now I have talked with many practitioners in various branches of medicine in regard to psychoanalysis, and among these men the consensus of opinion seemed to be that, on the theoretical side, there was probably "something in it"; but, when it came down to a question of the curative value of psychoanalysis, there were few who, speaking from their own personal experience, had much to say in its favor.

After the considerable number of years that psychoanalysis has been before the public, and after the great amount of publicity it has received, it is a significant fact that today comparatively few cases are referred to the psychoanalyst by the medical profession. As a rule, the analyst's patients come to him directly because other patients have told of his virtues, or perhaps because they have heard him lecture

on the wonders of psychoanalysis and have been impressed by his words.

But, although as a therapeutic measure, psychoanalysis probably does not come up to the rosy pictures painted by its practitioners, we may, I think, assume that it does, in certain cases at least, afford a certain amount of relief. How is the benefit resulting in these cases to be explained?

In a great many of our neurotic cases, as we all know, the occurrence of the symptoms depends, in part at least, upon the fact that the patient believes there is a certain thing wrong with him, and removal of that belief effects amelioration or cure. But the difficulty in treating these cases is that such beliefs, once firmly established, are hard to remove. The physician may be unable to convince the patient that his trouble is the result of imagination. Often, in these cases, a cure may be more easily effected by giving the patient an explanation of his trouble which is not the true one, but which he is prepared to accept. Tell him the cause of his trouble is something that a surgical operation or some other form of procedure will cure. Then subject him to this procedure and, if the performance has been impressive enough, if he is convinced that the cause of his trouble has been removed, he will believe that there

is no longer anything wrong with him, and so a cure will have actually been effected.

It has been cases of this kind which, in times past, have served to establish the reputations of witch doctors, divine healers, and quacks of various kinds. As a matter of fact, the witch doctor or quack, if the people with whom he has to deal are credulous and ignorant, which they usually are, has a decided advantage over the sober-minded, reputable physician; for, being as he is unhampered by scientific knowledge, he is able to give his dramatic tendencies full rein and to build up, uninfluenced by conflicting considerations, the theories of disease and methods of dealing with it which appeal most strongly to the imagination of his patients.

Now is it not reasonable to suppose that we may have here the explanation of the success of psychoanalysis in the treatment of this group of cases? Certainly, when we consider the nature of the psychoanalytic procedure, we can see that it is one which might be expected to effect a cure in this way; for psychoanalysis is, *par excellence,* a machine for the manufacture of belief.

That the psychoanalyst may himself have a faint suspicion that there is perhaps more suggestion than catharsis in his cures is frequently shown by his own

words. Otto Rank, for example, speaking of the growing prestige of the psychoanalyst and the greater ease with which he can cure his patient on that account, tells us that, "The main thing in such cases is not so much the patient's knowledge as the fact that with it a kind of social authority is granted to the analyst without which no therapy can be effective. It means also that such patients will take the analyst's words seriously, without entering into a discussion of the theoretical foundation of analysis or demanding that the analyst prove each of his assertions." [1] What this really means is that people are getting more credulous, at least in so far as psychoanalysis is concerned, and therefore more amenable to the suggestions on which the therapeutic value of psychoanalysis rests. "Authority is granted to the analyst without which no therapy can be effective." What Rank should have said is that no therapy resting on suggestion can be effective without such authority. What Rank apparently does not realize is that there may be other kinds of mental therapy than that which psychoanalysis affords.

There would seem, then, to be some reason to suspect that perhaps after all psychoanalysis is not a

[1] "The Significance of Psychoanalysis for Social Life." *Mental Hygiene,* Vol. X, No. 2, Apr., 1926.

new form of treatment, that on the contrary it is the very oldest kind of treatment known to man, the kind of treatment used by priests and witch doctors long before the birth of modern medicine. In olden days, witch doctors and divine healers explained to their patients that their ailments were caused by devils or evil spirits; then certain rites and ceremonies were performed, as a result of which, at least so the patients believed, the devils were driven out and, believing themselves to be rid of the causes to which they were due, the symptoms disappeared. Today, however, people have ceased to believe in these old-fashioned devils and, if mental healers are to continue using the same old-fashioned treatment, something else must be found to take their place, something scientific and up-to-date which will appeal to the present-day popular mind.

The particular form of evil spirit which Professor Freud has conjured up to meet this need is Pervert Sexual Desire, a demon who, in the eyes of the ordinary man, is sufficiently hideous and strange to cause almost anything in the way of nervous and mental disease. According to the psychoanalytic demonology, there are four large and important devils, as well as a host of little ones of whom no special mention need be made. The four big devils are Incest,

Homosexuality, Narcissism, and Resistance. Resistance, who may be called the demon of respectability and who is very strong and subtle, keeps the three other devils, who are not at all respectable, locked up in the unconscious which is the psychoanalyst's equivalent for the old-fashioned hell. It is the action of Resistance in thus locking up these demons of sexual perversion which causes all the trouble; for, being denied the right of frank and open self-expression, they express themselves in disguised form; and at the same time avenge themselves on the patient by giving rise to a neurosis. Cure is effected, not by casting them out, which is presumably impossible, but by overthrowing their goaler, Resistance, and allowing them the run of the whole establishment, after which they cease to give rise to neurotic symptoms and the patient is cured.

THE PSYCHOANALYTIC TREATMENT OF THE PSYCHOSES

So much for the neuroses. Let us now consider the value of psychoanalysis in the treatment of the psychoses. And I might say that here we come to a matter of great significance from the standpoint of the verification of psychoanalytic theory: for the psychoses, unlike the neuroses, have never been successfully treated by suggestion; so, if the psycho-

analyst can cure these cases by the uncovering of unconscious motives or desires, he will have gone a long way toward proving that there is something more than suggestion in his treatment, and we shall have to confess that we have done him an injustice and that his theory is perhaps a sound one after all.

But unfortunately for the psychoanalyst and his theories, his method of treatment has not here proven to be a success: on the contrary, it has proven to be a complete failure. Of this fact, there can be no room for doubt, for it is generally admitted, even by the psychoanalysts themselves. As a matter of fact, Dr. Franz Alexander does not stop at admitting the uselessness of psychoanalysis in these cases: he goes further and asserts that, in the treatment of these cases, it does positive harm; that, instead of curing a psychosis, psychoanalysis may produce one. This assertion, coming from a psychoanalyst, is so surprising that it might be well to quote Dr. Alexander's own words. "In contrast to this, however, is the fact which experienced analysts have repeatedly observed, that psychoanalytic treatment may precipitate schizophrenic episodes in cases where latent schizophrenia had not been diagnosed before the analysis. I, myself, have had occasion to observe cases in which I could not explain the onset

of the episode otherwise than as a reaction to the analytic approach." [1]

Strange as it may seem to anyone unfamiliar with the idiosyncrasies of psychoanalytic thought, Dr. Alexander finds grounds for satisfaction and encouragement in these ill-effects of psychoanalytic treatment. "The fact of psychotic reactions to the analytic approach," he tells us, "is, paradoxically enough, by no means an unfavorable sign, for it shows that the course of a psychosis can be influenced by psychological influences and it is a question of secondary importance whether this influence has hitherto been exercised in a favorable or unfavorable direction." [2]

How, it may be asked, does the psychoanalyst explain the failure of his method of treatment in dealing with these cases? That is a question which we have already answered in a previous chapter. These mental ailments are "narcissistic neuroses." The psychotic patient is in love with himself; and when a patient is in love with himself, it is impossible to get a transference; and without a transference there can be no psychoanalysis and no cure. In short, these cases cannot be cured because they cannot be influ-

[1] "The Medical Value of Psychoanalysis," p. 135 (W. W. Norten & Co., Inc., 1932).

[2] *Ibid.*, p. 136.

enced by psychoanalysis; and they cannot be influenced by psychoanalysis because they are narcissistic. "They reject the physician not with hostility but indifference. That is to say he cannot influence them. His words leave them cold, make no impression, and so the mechanism of the healing process, which we are able to set in motion elsewhere, the renewal of the pathogenic conflict and the overcoming of the resistance to suppression, cannot be reproduced in them. They remain as they were." These are the words of Professor Freud; but apparently Professor Freud is quite wrong in regard to the facts upon which his theory is based; apparently these patients do not reject the psychoanalyst with indifference; apparently, in some cases at least, his words make a very profound impression upon them, only the impression produced is harmful not beneficial: they do not remain as they were; they are very much worse. Obviously, if the psychoanalyst is going to admit, as does Alexander, the pernicious results which follow from psychoanalysis in the treatment of the psychoses, he must find some other way of explaining the absence of beneficial results than that which his narcissistic theory affords.

PSYCHOANALYSIS AND MENTAL HYGIENE

Having considered the value of psychoanalysis in the treatment of mental disorder, let us now consider its value in the field of mental hygiene.[1] Bodily disease, we regard as due in the main to unwholesome living conditions and unwholesome habits of life. Physical hygiene, the preservation of bodily health, we look upon as simply a matter of correcting these unwholesome living conditions and unwholesome habits. We see it as a matter of finding or creating for ourselves a healthy environment and regulating our lives according to the laws of health within that environment. To the man of ordinary common sense it might seem that mental health or well-being was to be preserved in the same way, that it was a matter of finding a wholesome mental environment and regulating one's life within that environment according to the laws of mental health.

Now what has psychoanalysis added to our knowledge of the rules of right living as a way to mental health? It has given us nothing. If anyone doubts this, let him go to the psychoanalytic litera-

[1] For a more detailed discussion of this question, see Harrington, "Mental Hygiene versus Psychoanalysis," *Psychiatric Quarterly*, July, 1933.

ture and see if he can find anything there on the question of how we should live in order to maintain our mental health. The fact of the matter is that psychoanalysis, if we follow it consistently, leads to the conclusion that mental health is not to be attained by right living; for the causes of mental illness, according to the theory of psychoanalysis, are not to be found in unwholesome habits and bad living conditions, nor in the stresses and strains of everyday life. Such things may perhaps serve to aggravate a mental ailment which is already present or perhaps cause a latent mental disease to become active, but the real cause of the psychopathic condition in every case lies much deeper; the real cause is to be found in unconscious pervert sexual desires, and the only way to prevent the development of mental abnormalities is to prevent the development of these sexual desires or impulses to which they are due.

Mental hygiene as we understand it, that is to say the science and art of right living, can for the true psychoanalyst have very little significance, because according to his theory, mental disorder is not due to wrong living but to the presence of unconscious sexual desires which date back to early infancy. The only way to prevent the development of mental abnormalities, from his point of view, would there-

fore be to go back to early infancy and prevent the development of these pervert motives or desires. But how is this to be done? That is a question to which the psychoanalyst has no answer. More than that, it is a question regarding which he does not appear to have been very much concerned. He has apparently been too busily engaged in the more lucrative therapeutic art of digging up these unconscious motives to concern himself greatly about the question of how their development is to be prevented. The nearest he comes to mental hygiene is when he urges people to come to him early and have their unconscious minds evacuated before their repressed desires have a chance to do serious harm.

CONCLUSIONS

So our study of the known facts in regard to the practical value of psychoanalysis leads to three important conclusions which may be stated as follows:

1. Psychoanalysis has as yet contributed nothing to our knowledge of mental hygiene or the art of right living as a means of preventing the development of mental disorders: on the contrary, its theory, if followed through to a logical conclusion, would lead us to believe that mental health is not to be attained in this way.

2. Psychoanalysis has not thus far proven of value

in the treatment of the psychoses: on the contrary, it has been productive of harm.

3. Psychoanalysis has apparently proven to be of some value in the treatment of the neuroses. Here, however, we are dealing with cases which can be treated by suggestion and which have on that account been the chief support of faith healers in all ages. As these neurotic disorders are apparently the only ailments which psychoanalysis can cure, it is distinctly open to question whether psychoanalysis is not merely another form of faith healing; also it is open to question whether it is here any more effective as a means of treatment than the other forms of faith healing which have preceded it.

In qualification of these conclusions regarding the therapeutic value of psychoanalysis, it might perhaps be well to point out that a very considerable proportion of those who go to the psychoanalyst for treatment are not ill at all according to the conventional meaning of this term; they suffer from no recognized form of nervous or mental disease, they are people who are merely unhappy and discontented and who are seeking to find in psychoanalysis the satisfaction and peace of mind which others seek to find in religion or other avenues of escape from a world which is to them unacceptable.

Consider, for example, the case of the idle woman,

married to a man who for one reason or another has ceased to interest her. Her amorous desires remain unsatisfied; her mind dwells a good deal on things sexual; she is hungry for love. Because her sexual desires remain unsatisfied, she is in a state of nervous tension which shows itself in a variety of different ways; among other things, she is irritable and discontented. The husband is unpleasantly aware of the fact that something is wrong with his wife; but has no very clear idea as to the nature of her trouble; neither, for that matter, has the woman herself. However, they both have heard of the wonders of psychoanalysis and it is decided that she shall take this new form of treatment, have her complexes removed, and become again the happy and contented wife she used to be. She, therefore, goes to the analyst and he succeeds in getting a good transference; that is to say, the woman becomes much infatuated with him. Every day, she spends an hour alone with him, lying on a couch in his office, telling him all the most intimate details of her sex life, both real and imaginary. Obviously, this hour is looked forward to by the woman as a thrilling one. It is an hour in which, aside from the sexual gratification of being closeted with the object of her love, is the thrill of talking over with him

the sexual thoughts and experiences which are barred under polite social usage except in psychoanalysis.

This experience may prove not to be a particularly wholesome one; in the long run, it may be productive of more harm than good; but for the time at least, it gives the woman an interest in a world which previously she was finding stale and flat. She now has something agreeable to think about and look forward to, something in which she finds at least a certain degree of sexual satisfaction. So she becomes less unhappy. For the time being at least, her mental condition appears to be much improved.

But in considering the benefits, real or apparent, which follow from psychoanalytic treatment, there is still another factor to be born in mind. The person who comes to the psychoanalyst is frequently one who is struggling with some problem, some source of pain or anxiety with which he feels unable to cope, and in the handling of which he wants assistance and advice. In former days such a one would have unburdened himself to the family doctor, the priest or minister, or to some trusted friend. Now, in certain cases, he brings his troubles to the psychoanalyst. As a sympathetic listener and friend, the analyst may be a great source of comfort to his

patient, although whether he will prove to be a competent counselor and guide, whether he will lead him to the true solution of his problem, is altogether another question.

Fortunately for those who consult them, there are in the ranks of the psychoanalysts, as there are in the church today, a considerable number of liberals, broad-minded men who take their theology with a pinch of salt. These men may show an outward conformity in their use of psychoanalytic terminology and methods of procedure, but when it comes to dealing with concrete human problems they are apt to forget the demonology and metaphysics of psychoanalysis and to stick fairly close to the solid ground of practical experience and common sense. There are all kinds of people with all kinds of theories and all kinds of methods who are today making use of the psychoanalytic label. For this reason, any generalizations one may make as to the therapeutic value of what passes for psychoanalysis are likely to be misleading and may do grave injustice to the work of men who, strictly speaking, are not psychoanalysts at all.

CHAPTER V

THE POPULAR SUCCESS OF PSYCHOANALYSIS

We have considered the nature of the technique that Professor Freud has given us by means of which he has rendered it possible to explain abnormal thoughts, feelings, and actions as due to motives or desires; and we have seen that in this technique he has given us a device by means of which anyone can find practically any wish he chooses to look for, lying back of any symptom he chooses to explain, even although there is no wish of any sort there to find. The result of this has been exactly what might have been expected. Since any psychoanalyst can find in any case whatever he desires, each psychoanalyst has tended to follow the untrammeled impulses of his own heart and to build up a separate theory of his own, suited to his own particular tastes and predilections.

So we find today that Freud's disciples have broken away from him, and the disciples of these disciples have broken away from them again, each

to form a more or less distinctive school of his own; all however retaining, either in its original or in modified form, the peculiar technique invented by Professor Freud which renders this kind of psychologizing possible; and most of these various schools admitting, what is obviously and unquestionably true, that "all they have they owe to Freud."

Now what is the scientific value of a psychopathology such as this? Scientific work in psychopathology, as in any other field, is a matter of collecting a store of facts and then building a theory which is to be looked upon as a utilitarian device for holding these facts together in a convenient and orderly way and for showing the causal relationships which they bear to one another. So any real contribution to science must of necessity consist of one or more of three things, (1) new facts, (2) new theories which afford a clearer, simpler or more complete formulation of the facts, (3) new instruments or methods of investigation by which the store of factual knowledge may be enlarged or rendered more accurate. What has psychoanalysis to offer in the way of new facts, new theories, or new methods, that a scientific worker in the field of abnormal psychology can accept?

The answer to this question, it seems to me, is fairly obvious. Psychoanalysis has given us a new technique, but it is one by which each individual worker can find practically anything which suits him. It is, therefore, without scientific value. The various schools of psychoanalysis, making use of this technique in its original or in modified form, have made many remarkable discoveries; but because their technique is unreliable, these findings obtained by means of it are practically worthless; and when we come to the theories which the psychoanalysts have built, we can see that, since these theories are based upon unreliable data obtained by the use of an unreliable technique, they can hardly be looked upon as deserving of serious consideration.

And, when we come to look at psychoanalysis from the standpoint of its practical value in the prevention and cure of mental disorder, we find that here also there is very little to be said in its favor. Psychoanalysis gives us no mental hygiene, no treatment for the psychoses. All it gives us is a new treatment for the neuroses, which is apparently just a new form of suggestion therapy; and this new treatment, although it is extremely expensive and

time-consuming, has not been shown to be any more effective than other forms of suggestion therapy which have preceded it.

But, it may be asked, if psychoanalysis is so unscientific in its methods, and if it has produced so little in the way of practical results, how are we to account for the fact that it has been so favorably received? Surely the fact that so many men of recognized professional standing are exponents of this school of thought may be taken as evidence of its worth.

In answer to this argument, I should like to say in the first place that not everybody does accept psychoanalysis. Neurologists for the most part refuse to have anything to do with it, and the same is true of the psychologists. The psychoanalytic story of the mind, as Joseph Jastrow points out, "is completely different from that of the standard psychological versions of whatever origin that occupy academically and practically the great body of contemporary psychologists. If Freud holds the clue, they are pursuing false trails." [1] It is true that, among the psychiatrists, psychoanalysis would seem to have taken fairly strong root, but I still retain

[1] "The Future of Freud," *The Saturday Review of Literature*, June 28, 1930.

sufficient faith in my own profession to believe that even here its strength is more apparent than real. The psychoanalysts in psychiatry do a great deal of talking, but there is a large and substantial group in the profession, who, although they go quietly about their own business and offer little active opposition, are not particularly impressed by the alleged discoveries of the psychoanalysts and take their theories with a grain of salt.

But, even if psychoanalysis did meet with general acceptance, would that prove it to be true? Man, in times past, has given his sanction to many beliefs and practices that are now looked upon as ridiculous and absurd. He believed in astrology, in alchemy, in witchcraft and the evil eye. Are we today much more intelligent than were those who lived one thousand, two thousand, or even three thousand years ago? We laugh at the extravagant beliefs and practices of our forefathers, but we no doubt have beliefs and practices which will seem as foolish to the people of tomorrow as many of those of yesterday seem to us today.

I am convinced that one of the present-day delusions which subsequent generations will view with astonishment is the delusion of psychoanalysis. How, it will be asked, in view of the scientific

methods and habits of thought already prevailing in other fields of work during the early part of the twentieth century, was it possible for the theories and methods of psychoanalysis to be favorably received? The answer to this question will of course be found in the fact that psychopathology is today a new field of investigation in which man has not as yet learned sound methods of work nor acquired critical judgment. Astronomy had to have its astrology; chemistry its alchemy; medicine its witchcraft. Psychopathology, in the same way, has had to have its psychoanalysis.

But, although the popular success of psychoanalysis is not to be taken as proof of either scientific or therapeutic value, it is nevertheless a very interesting psychological phenomenon which needs to be explained. Why is psychoanalysis? When any school of thought achieves success there is some good and sufficient reason for its doing so. There is something in it by reason of which it appeals to a considerable group and draws to itself adherents. The question of what causes are responsible for the success of psychoanalysis is an interesting and complicated one about which much could be written. Here, however, we shall do nothing more than touch upon some of the more important factors in the case.

One of the charms of psychoanalysis lies in the fact that by means of it one can explain practically everything. Whatever disturbance of thought, feeling, action or bodily health one may encounter, he may, if he will only make use of the concepts and methods which Professor Freud has given us, explain this disturbance as due to the action of an unconscious desire of one kind or another. No matter how strange or unusual a symptom may be, the exponent of this school of thought will never be obliged to admit to his patient, to himself, or to any one else that he does not know what it means. Psychoanalysis is, therefore, among other things, a great face-saving device. It saves all those who embrace it from the humiliation and embarrassment of having to admit ignorance. It renders them wise in their own eyes and in the eyes of their disciples.

Psychoanalysis enables its exponents to explain all the symptoms of nervous and mental disease; and what is more, it enables them to explain these symptoms dramatically. Whenever I think of this aspect of the matter, I cannot help recalling the memory of a certain exponent of this school of thought, his glasses shining with enthusiasm, standing before an awe-struck audience showing them the picture of a pious and respectable individual; externally, all

is highly proper, but presently, certain symptoms begin to manifest themselves, the analyst is called in, and by the exercise of the wonderful technique of which he is a master, the weird horrors existing all unsuspected under this highly respectable exterior are brought to light. What a contrast between the external spotless respectability and the real man underneath! How wonderful to be able to follow the clues of chance words and phrases down into the depths of the unconscious and explain these things! The big Irishman sitting next to me expressed not only the opinion of the audience in regard to the physician, but also the physician's opinion of himself, when he muttered to his companion, "He's a regular psychological Sherlock Holmes, that's what he is, a regular psychological Sherlock Holmes."

But psychoanalysis is more than a method of explaining the facts of abnormal psychology, it is also a kind of mental therapy: it is a form of faith healing, and the faith healer, when his theories and methods of procedure have been such as to appeal to the people of his time, has never lacked for patients. Faith healing is a form of psychotherapy that is older than history and that is always with us. From time to time, as opinions and customs change, it may make some alterations in its outward appear-

ance, but at heart it is ever the same. Psychoanalysis then is not a stranger who has come among us and risen to sudden eminence, but an old and ever popular friend who has merely put on a new dress. Our old friend, in this new costume, tends to meet with especial favor for several reasons. For one thing, psychoanalysis is so modern, scientific, and profound; it has to do with that perfectly wonderful and fascinating modern mystery, the unconscious mind. Then, too, it has sex appeal. When a person is treated by a psychoanalyst, he, or more frequently she, is not only freed from belief in the bodily ailments which formerly worried her, but has a thrilling sexual experience thrown in.

Now it may be laid down as an axiom that, whenever there is something which can be sold at a good profit, there will be found someone to sell it. So, when Professor Freud produced so highly salable a commodity as psychoanalysis, it was inevitable that he should presently have gathered about him a group of enthusiastic disciples eager to help him sell it. Of course, in making this statement, I do not mean to imply that men who go in for the practice of psychoanalysis are actuated merely by the love of gain; their motives—which they themselves do not understand—are mixed and vary more or less with

the individual. A powerful motive in many cases is the desire to be a pioneer worker in what looks like a new and highly dramatic field of scientific endeavor, the desire to be a psychological discoverer and penetrate into the deep recesses of the human heart, or to be a great healer and guide to suffering humanity.

A factor of considerable importance in the rapid formation of a large professional group of psychoanalysts is to be found in the fact that this vocation is one which really calls for very little in the way of technical knowledge or training. To understand the ailments of the body, one must understand the principles on which the body works. He must know anatomy and physiology; and before he can understand these, he must know something of chemistry and physics. In the medical school, the student finds a long course of preparation required, before he is allowed to touch the problems of disease at all. This discourages all but a limited number of serious students. But, to treat the ailments of the mind by the Freudian procedure, one need not have any preliminary knowledge of either psychology or medicine. In fact, it is doubtful if such knowledge is not to be looked upon as a positive detriment, since it results in the setting up of resistances that

stand in the way of the acceptance of psychoanalytic doctrines and methods.

In this connection, let me quote the words of Otto Rank, who is himself a "lay analyst" and one of Freud's foremost disciples. "On the other hand, the specially trained neurologists and psychiatrists were mostly opposed to a testing of the results of psychoanalysis and so could not be expected to understand it and make practical use of it in their own therapeutic field. Today the situation is that nearly as many non-medical people as medical are using psychoanalysis therapeutically. Freud himself has declared that he has found among non-medical people some of his most intelligent and efficient disciples and pupils." [1]

It will not seem strange that so little technical knowledge is necessary for the successful practice of psychoanalysis, if we bear in mind that psychoanalytic treatment is a form of suggestion therapy and that, therefore, it really makes little difference what explanation the analyst offers of his patient's symptoms, provided only that he is able to induce his patient to accept his explanation as the right one.

It was inevitable that the salability of psychoanal-

[1] "The Significance of Psychoanalysis for Social Life," *Mental Hygiene*, Vol. X, No. 2, April, 1926.

ysis should result in the development of a strong professional group, and as a result of the development of this group, we have another very important factor brought into play. People generally, especially in matters that are of no great personal concern to them, believe what they are told. They follow the tide of popular opinion, assuming that what everyone says, or what the majority say, must be so. But what determines the direction in which the current of popular opinion will flow? As a rule it is determined, in large part at least, by the activities of a vociferous few. If a limited number of people are sufficiently interested to carry on an active propaganda in favor of some belief or course of action, they are likely to have their way unless they collide with some counter interest as strong and active as their own. Now, in psychoanalysis, we have such a strong vested interest. Psychoanalysts as a body are vitally interested in spreading the doctrines of their cult, for it is only as these doctrines become widely known that they can hope to get practice. If an analyst is to attain prominence, if he himself is to be a successful practitioner of his art, he must make himself known, and this he can best do through talking and writing, through telling as many people as possible of the wonders of psychoanalysis and the

marvelous cures which he himself has wrought by means of it. So we have a vigorous propaganda, a strong advertising campaign, going on all the time, which cannot but carry the public with it unless it meets with opposition of some sort powerful enough to offset it.

Where, however, is such opposition to come from? The majority of our psychologists and physicians have never bowed the knee to Freud; but, of these men who do not accept the psychoanalytic gospel, there are few who feel strongly enough in the matter to raise their voices against it. Few people will exert themselves for long in any direction unless they find sufficient profit in so doing to justify the effort expended. Most of us are too busy taking care of our own personal affairs or advancing some cause with which we are identified to spare much time on the thankless task of trying to pull down other people's houses. There have been a great many who have been vitally interested in building up a belief in psychoanalysis: there have been few who would reap any great personal profit from pulling it down: so, for the most part, those who could not see their way clear to accept psychoanalysis said little about it, while those who espoused it sang its praises, and the general public, hearing a

loud and constant chorus of ayes and only an occasional no, have assumed the vote in its favor to be practically unanimous. The effect of this has been to carry over to psychoanalysis all of that great group of people who turn their faces in whatever direction the crowd seems to be going, and to silence the not inconsiderable number who lack the courage to express an opinion in support of what they conceive to be an unpopular cause.

Apparently the time has now come, however, when the tide is beginning to swing in the opposite direction. Psychoanalysis succeeded because it was salable, because it appealed to the popular imagination. Now, however, the general public, always fickle and chasing after new fads, is losing interest in psychoanalysis. This means fewer auditors for psychoanalytic lectures, fewer readers for psychoanalytic books, and fewer patients for psychoanalytic practitioners; which, in turn, of course means fewer people making a living out of psychoanalysis and fewer voices in the psychoanalytic cheering section. A little longer and psychoanalysis will be well on its way to oblivion to join the fads and follies of yester-year.

I am sorry to have found it necessary to discuss here thus frankly these psychological factors respon-

sible for the success of psychoanalysis. I see, however, no way in which such discussion could have been avoided. By all odds, the most potent argument for psychoanalysis with most people today is that afforded by its popularity: it has, we are told, been generally accepted, therefore it must be sound. Obviously, it is impossible to weigh the merits of such an argument without going into the question of the causes to which this popularity is due. The psychoanalyst himself, of course, has never been squeamish about impugning the motives of those who disagree with him: as a matter of fact, his habitual way of carrying on a debate has always been to ignore the arguments advanced against him and discuss instead the motives to which, in his opinion, his opponent's "resistance" is due. He should therefore not take offense if the motives or desires lying back of his own beliefs are also subjected to scrutiny.

CHAPTER VI

THE ALTERNATIVE TO PSYCHOANALYSIS

A FUNDAMENTAL fault in psychoanalysis, as I see it, is that the psychoanalyst has tackled his problem wrong end first. There is, as I have had occasion to point out, no real distinction between our normal mental processes and those forms of mental activity which are called abnormal. A so-called abnormal reaction is merely a normal reaction which, in one way or another, has undergone a certain amount of distortion, or which occurs in a situation to which it is not suited and where we should not expect to find it. Now, this being so, the thing to do in attempting to explain our so-called abnormal reactions is obviously to begin with a study of the normal. We should first seek to understand the causes responsible for our normal mental processes, and then we may proceed to consider the question of why these processes sometimes become distorted or occur in wrong places or at wrong times.

That, however, is not what the psychoanalyst has

done. In seeking to explain abnormal forms of thought, feeling, and action, he has proceeded at once to look for things in the minds of his patients to which these abnormal occurrences may be attributed, without ever stopping to concern himself with the question of the causes to which normal forms of thought, feeling, and action are due. Proceeding along these lines, the causes of mental abnormality which he finds are unconscious, pervert sexual desires. But because there is no line of distinction between the abnormal and the normal, and because he has already explained abnormal behavior as due to sexual perversions, he is presently obliged to explain normal behavior in the same way. So the normal mind is made over into the image of a Freudian neurosis; every baby, the psychoanalyst discovers, is a sexual pervert; and not only the mental and nervous disorders of later life, but most of the adult's normal mental tendencies as well, are found to be due to persistence in disguised form of his infantile, pervert sexual tendencies.

Instead of starting out with a normal psychology and from that going on to a study of the abnormal, the psychoanalyst starts out with the abnormal and from that proceeds backward to his study of the normal. He puts the cart before the horse, and so

instead of seeing the pathological as a departure from the normal, he sees the normal as an outgrowth of the pathological. The natural order of things is reversed and the result is a psychological nightmare which is one of the wonders of the age.

But there is another fundamental fault in psychoanalysis which, it seems to me, is almost as serious as its total disregard of normal psychology, and that is, that it attempts to explain abnormal behavior without taking into consideration the anatomical mechanism by which all behavior, both normal and abnormal, is produced. The psychoanalyst is like the physician who would explain heart disease without so much as recognizing the existence of the heart and blood vessels, or like the automobile mechanic who would explain and treat the ills of a motor car without taking into account, in his explanations and treatment, the automobile engine.

The psychoanalytic technique is unreliable; but how could it be otherwise? The root of the trouble lies in the fact that the psychoanalyst has started out with the theory that all our mental abnormalities may be explained by simply attributing them to motives or desires. He has set himself the task of finding motives where there are no motives to be

found; and when a man sets up in the business of discovering non-existent motives, he must, as does the psychoanalyst, make use of a technique by means of which non-existent motives may be discovered.

Whether the psychoanalyst realizes it or not, the basic concepts upon which his psychology has been built are essentially animistic. In earlier times, man believed himself to be formed by the bringing together of two entirely separate and dissimilar entities, a body made from the dust of the fields, and a spirit or psyche which was the tenant of this body and moved it in accordance with its (the spirit's) desires. Psychology, according to this doctrine, was the science of the soul, and was something entirely separate and distinct from the sciences of anatomy and physiology which had to do with the material body in which the spirit was encased. A difficulty which this animistic theory presented, however, was that of explaining the phenomenon of conflict. Man observed that he frequently experienced impulses or desires to follow diametrically opposite courses of action at one and the same time. As St. Paul has it, "When I would do good, evil is present with me." This phenomenon of conflict, man sought to explain by postulating the existence

within himself, not of one only, but of several psychic entities, one pulling him in this direction, another pulling him in that. This kind of psychology, which pictures the mind as a sort of dwelling place of personified forces which struggle together for the mastery, is still the psychology of the great bulk of mankind. It is also the psychology of the psychoanalyst, only the psychoanalytic hierarchy is somewhat different from that of the ordinary man. Instead of talking about the "voice of conscience," and the "carnal" and "spiritual" forces of his nature, the psychoanalyst talks about "instinctual drives," the "libido," the "censor," and more recently, the "ego," the "super-ego," and the "id"; and he explains the symptoms of nervous and mental disease as expressions of the demands of these various separate and warring forces within him.

Psychoanalysis is called by its exponents, "The New Psychology." Far from being a new psychology, however, it is a regression to animism, which is the earliest and most primitive kind of psychology known to man. What is new about psychoanalysis is the use which the psychoanalyst has made of the concept of an unconscious, and the ingenious technique which he has evolved by means of which unconscious motives may be brought to light, or

rather manufactured to meet the needs of the occasion.

Stephen Leacock, in one of his stories, tells of a man who was able to explain all the tricks performed by a conjuror, to his own satisfaction, in one and the same way. However strange and baffling a trick might be, whether it involved the appearance, disappearance, or change of any article, large or small, this man always explained it by saying that the conjuror had the article up his sleeve. The unconscious mind, for the psychoanalyst, would seem to serve the same function as the conjuror's sleeve served for the man in the story. Whenever a patient displays an abnormality of behavior for which no motive is apparent, the psychoanalyst can always explain it by saying that the motive or desire is in the unconscious, and as no one can open up the unconscious to show that the alleged desire is not there, it is easy for anyone to offer an explanation of this sort, to account for the occurrence of any phenomenon which he does not understand. Freud has given us a method which makes it very, very easy to explain the phenomena of mental disorder, and for this reason, it has met with favor; but it is a method which takes psychopathology out of the realm of ordinary workaday science and into that

of speculative philosophy, where, released from the limitations of objective reality, the psychopathologist can give full play to his imagination, and follow, free and untrammeled, where fancy leads the way.

But, it may be asked, if we reject psychoanalysis, what can we have in place of it? If we refuse to make use of the concepts and the methods which Freud has given us, upon what other foundations are we to build?

I believe that the foundations upon which the psychopathology of the future will be built are those which have already been laid down for us by the anatomists and physiologists and by those students of normal psychology who see their subject from the physiological point of view. Behavior, we may think of, as due to the action of a highly complicated piece of mechanism composed of sense organs, nervous system, muscles, and glands, and our abnormal thoughts, feelings, and actions, we may attribute to the limitations and defects of this piece of mechanism, by reason of which it not infrequently fails to respond in an adequate way to the demands made upon it. People are surprised and puzzled on encountering abnormalities of behavior and wonder why they occur, but it seldom occurs

to anyone to wonder why a man's behavior is as a rule so well fitted to his needs. When we think of our behavior as being produced by the action of an anatomical mechanism, we find nothing surprising in the fact that we sometimes get forms of behavior which are unsatisfactory or abnormal; on the contrary, the thing which surprises us is that these abnormal reactions are not more frequent.

This kind of psychology, which would explain abnormal behavior as due to faulty action of the mechanism by which all behavior, both normal and abnormal, is produced, we may call *Mechanistic Psychology,* while that of the psychoanalyst, in which the symptoms of mental and nervous disease are explained by attributing them to desires or motives, we may call *Motivistic Psychology.*

In this little volume, I have tried to show the essential nature of the psychoanalytic attempt to explain the phenomena of abnormal behavior in terms of motive or desire and the practical results to which this kind of psychologizing has led. In a subsequent volume, I hope to show how the phenomena of mental disorder may be explained from the mechanistic point of view. Here, however, for purposes of comparison, it might be desirable to glance briefly at the mechanistic theory which later will be

presented in detail. Let us begin by considering the principles upon which it is built.

In the field of medicine, we find it necessary to have: first, a knowledge of the plan of structure and principles of action of the mechanism with which we have to deal; second, a knowledge of how and why this mechanism gets out of order or functions in an unsatisfactory way; and, third, a knowledge of what is to be done to keep it in good condition or set it right if it goes wrong. Looking at the matter from a mechanistic point of view, the same holds true in the field of psychology. In order to deal intelligently with the problems of mental disorder, we must have a psychology consisting of three parts. Part One will have to do with the nature of the mechanism of behavior and the principles on which it works. This we may call Psychophysiology. Part Two will have to do with the unsatisfactory forms of behavior to which this mechanism gives rise. This is Psychopathology. Part Three will deal with the question of how these unsatisfactory forms of behavior are to be dealt with. This we may call Mental Hygiene.

A good many of those who are today working along psychoanalytic lines will no doubt be willing to admit the fundamental soundness of this method

of approach. They are mechanists at heart; and if they are not mechanists in practice, it is because the mechanistic approach seems to them to present insuperable difficulties. They feel that we do not know, and possibly never will know, enough about the physiology of the nervous system to explain our mental disorders mechanistically. So they turn to psychoanalysis, with its purposivism and its essentially animistic concepts, as affording the only kind of psychopathology which is today possible.

But is the building of a mechanistic psychopathology at the present time as hopelessly impossible an undertaking as it is commonly assumed to be? Is it really necessary for us to wait until the anatomists and physiologists have laid bare the whole plan of structure of the mechanism of behavior, and actually demonstrated the nature of the processes that go on in it in giving rise to thought, feeling, and action, before we can begin to explain the phenomena of abnormal psychology along mechanistic lines? If the chemist had felt it necessary to postpone explaining chemical reactions until someone was able to show the actual structure of matter and what takes place in the course of a chemical reaction, the science of chemistry would be still unborn. No one has as yet been able to show that there actually is

such a thing as a molecule or an atom, yet Dalton's conception of the atom and the molecule afforded the foundation upon which a real science of chemistry was built. What the chemist did was simply to collect the available facts bearing upon his particular problem, and then build a purely schematic conception of the structure of matter and of the processes going on in it, which would fit these facts with which it was his business to deal.

This pragmatic method, it seems to me, is the method we must follow in building our conception of the machinery of behavior. What we, as psychologists, must do, is not to try to know the nervous system as it really is. We must, as in other fields of scientific inquiry, make use of constructs. We must take the facts of anatomy and physiology as they are at present known to us, the facts of normal and of abnormal psychology, and any other facts which seem to be related to our subject, and construct a picture of the mechanism of behavior which will fit these facts, a picture which will be a diagram rather than a photograph of the thing it is intended to represent. Our procedure will of necessity be to start with only a few outstanding facts and build our construct to explain these facts and these alone. With this for a beginning, we shall go on adding to

our store of facts, and adding to our construct, or changing it as may be necessary to keep it in agreement with this constantly increasing store of facts. Our aim must be to formulate a diagrammatic conception of the mechanism of behavior that will not only take care of the fundamental facts of normal psychology, but explain how and why mental disorders occur, and also point the way to successful measures of prevention and treatment.

After all, the ambition to know things as they really are is a naïve ambition belonging to the childhood of the race, when man had as yet no appreciation of his mental limitations nor of the magnitude of the problems which confronted him. All we now seek to do is to formulate conceptions which in some measure will enable us to say what results may be expected to follow from given causes, or what causes may be assumed to lie back of given results. The aims of science are in the long run utilitarian. The search for knowledge is one phase of the struggle for existence. We seek knowledge so as to be able to bring about those conditions that make for our preservation and well-being, and escape those which are productive of harm. To bring about the conditions which make for preservation and well-being, we must know what causes will give rise to them.

The aim of scientific inquiry is to give us this knowledge. But it is not necessary that we should know the "real" causes of things—assuming that there are "real" causes. All we require is a conception of the underlying structure and the forces at work in the world about us and in ourselves, which if they were present, would cause things to happen as they actually do happen, and from which, therefore, in any given case, we can tell what must be done to bring about the result we desire.

An unanswerable argument for the use of the construct in abnormal psychology, it seems to me, is that there is no other way in which we can hope to explain the facts of mental disorder. Man, in his efforts to explain the sequences of cause and effect, finds it necessary to make use of pictures. If he is to explain why turning a valve in the cellar causes the water to be shut off in the bathroom upstairs, he must have some sort of mental picture of the system of pipes and valves by which the water is conveyed into the house. If he is to explain the phenomena of somatic disease, he must have some sort of picture of the various systems of organs which function in giving rise to disease. If he is to explain the phenomena of chemistry, he finds it necessary to form pictures of molecules, atoms, and ions, which

move about and enter into a variety of different combinations. This same principle, which applies in other fields of knowledge, applies also in the field of psychology. If we are to explain the phenomena of thought, feeling, and action, we must have some sort of mental picture of the thing which functions in giving rise to these phenomena. But can we hope to have a picture which is identical with objective reality? Can we hope to know this thing which gives rise to behavior, as it really is? Obviously not. Therefore, we must choose between two alternatives: we must make use of a construct as a substitute for the unknowable reality, or else we must give up the attempt to explain the phenomena of psychology, both normal and abnormal.

Even the adoption of the motivistic viewpoint and the methods of the psychoanalyst, will not save us from the necessity of using constructs. "We will," says Professor Freud, "compare the system of the unconscious to a large ante-chamber in which the psychic impulses rub elbows with one another as separate beings. There opens out of this ante-chamber another and smaller room, a sort of parlor which consciousness occupies. But on the threshold between the two rooms there stands a watchman; he passes on the individual psychic impulses, censors

them, and will not let them into the parlor if they do not meet with his approval." [1] Here obviously is a picture, a product of the imagination, constructed by Professor Freud to serve as a substitute for an unknown and unknowable reality. The only difference between this construct and the construct of the mechanist, is that the picture drawn by Professor Freud is of a two-room apartment, occupied by personified forces or tendencies which, as a result of their struggles and machinations, give rise to the phenomena of abnormal behavior, while the picture drawn by the mechanist will be of an anatomical mechanism composed of sense organs, nervous system, muscles and glands.

Having considered the principles which must guide us, let us now see how they may be applied. Our mechanistic psychology, we have seen, must consist of three parts, a psychophysiology, a psychopathology, and a mental hygiene. Let us consider these three parts separately in their logical order.

PSYCHOPHYSIOLOGY

Human behavior, when we come to analyze it, is seen to be made up of two different kinds of action: (1) Movements or changes of position, which are

[1] "A General Introduction to Psychoanalysis, p. 256.

produced by the muscles, and (2) chemical changes, which are produced by the glands. These two sets of organs, the muscles and the glands, are the effectors by which all behavior is produced. But these organs would be useless without some kind of mechanism to regulate and coördinate their action. So we have the nervous system. The nervous system, in its turn, must be governed by the requirements of the situations in which the organism is placed. So we have the sense organs or affectors. These three systems or parts, the affectors, the nervous system and the effectors, taken together constitute the mechanism by which human behavior is produced.

Let us consider the essential nature of this extremely complex mechanism, and the principles upon which it works. Ignoring for the present, the details of structure of the central nervous system, let us picture it as being, what essentially it is, a combination of many millions of cells, linked together by connecting fibers, more or less as are the cells of an electric battery. On one side of this great mass of cells, we have entering it a vast number of afferent fibers, like signal wires, which carry in nerve impulses from the sense organs; and on the other side, we have emerging from it, a vast number

of efferent fibers, which carry out nerve impulses to the muscles and glands.

The whole nervous system may be looked upon as a reflex arc, although an extremely complicated one, with the brain and spinal cord forming the central part of this arc. Behavior is a never-ending series of reactions to the situations of life. In each reaction, the situation affords a stimulus which acts on the sense organs; following which, the muscles and glands give rise to the behavior with which the individual responds to this situation.

The nervous system is a bridge which links together these two sets of organs, the affectors and the effectors: it is a roadway over which impulses pass from one to the other. But what can we say as to the nature of the impulses which the nervous system transmits? According to the concept which I have found it most convenient to adopt, the nerve impulse is pictured, not as a succession of explosions taking place in a chain of neurons, but as a stream or current of energy, which being generated in the first cell, flows from it into the next in the chain, where it causes more energy to be generated, and so on. This energy is pictured as flowing more or less as water or steam would flow through a pipe, or as electrical energy may be thought of as flowing

over a wire. To quote the words of William McDougall, "The energy, which all agree in regarding as converted from the potential chemical form to some active form within each neuron upon its stimulation, must not be regarded as confined to the neuron within which it has been liberated, but as capable of flowing on, passing into and through other neurons, so that each neuron serves, not only as an irritable conductor of excitation imparted to it, but also as a channel through which the energy liberated within it and also the energy liberated within others with which it is in functional connection may flow from place to place within the nervous system." [1]

It will be seen that, according to this theory, the nervous system, although it is a piece of mechanism for the transmission of impulses, is also something more. It is also a reservoir of energy. The afferent impulses coming in from the sense organs serve to tap this reservoir. They cause the energy stored up within it to be transformed from the potential to the active form. It is the energy thus transformed, rather than the incoming sensory impulses responsible for its liberation, which is to be thought of as

[1] Wm. McDougall, "The Sources and Direction of Psycho-physical Energy," *Am. Jour. of Insanity*, Vol. 69, 1912-13, p. 861.

flowing out over the various efferent paths to give rise to the action of muscles and glands.[1]

But, if every reaction is due to the release of energy in the nervous system, which flows out in the form of impulses to muscles and glands, the question arises as to why the stimuli afforded by one situation act on the nervous system to call forth one form of behavior, and those afforded by a different situation call forth behavior of a different form? Why is it, for example, that dust in the eye calls forth the act of winking, a form of behavior which as a rule results in freeing the eye from the offending substance, while impulses arising in the nerve endings in the palate when it is dry cause the individual to go in search of a drink?

We may assume that it is due to the way in which

[1] The reader will note that what we have, when we think of the nervous system in this way, is a dynamic theory of behavior. The psychoanalyst calls his psychology dynamic, because in it he attempts to explain the nature of the forces by which behavior is produced. But his dynamics and ours are of fundamentally different kinds. The dynamic theory of the psychoanalyst is animistic. He ignores the existence of a material body and seeks to explain behavior as due to impulses or desires arising in a hypothetical entity, which he calls the psyche. We, on the other hand, find the source of impulses to action in energy released as a result of chemical changes occurring in the body cells. Looked at from our mechanistic point of view, the attempt to explain human impulses to action without taking into consideration the physiological processes which give rise to them, is like an attempt to explain what makes an automobile go without taking into consideration the fact that it has an engine or burns gasoline.

the nervous system is organized, the nature of the paths which it goes to form. Take the case in which dust enters the eye. The facts of anatomy and physiology give us reason to believe that there is a path of communication between the sensory neuron which carries the afferent impulse from the eye, and the motor neuron which carries the efferent impulse to the muscles that give rise to the act of winking. The impulse carried in over the sensory fibers from the source of irritation, has no choice but to follow this path to the muscles of the eyelid, where it gives rise to this form of behavior. What is true of a simple reflex action, we may assume, holds true also of those more complicated forms of behavior which we may call appetitive or instinctive, only here the mechanism called into action is much more complicated.

THE LEARNING PROCESS

A striking difference between the mechanism of behavior which we are here considering and a man-made machine of metal or wood, is the tendency displayed by the mechanism of behavior to undergo adaptive changes which render it better fitted to meet the demands made upon it. Place a man or animal in a certain situation, and he behaves in a

certain way. Subject him a second time to the same stimuli, and he behaves in a different way; and moreover—which is most significant—his behavior is, as a rule, better suited to the needs of the situation on the second occasion than it was on the first. Thus the child who yesterday, on seeing a hot stove, was impelled to reach out and touch it, with the result that he burned his fingers, today will be impelled to draw away from it. The monkey, who yesterday made a hundred false moves before hitting upon the particular action necessary to unlock his cage, today makes only seventy-five, and tomorrow will make only fifty. This development of new types of behavior as a result of experience, constitutes the process of learning; and one of the outstanding differences between the man-made machine and the animal organism, is that the animal organism learns from experience, while the man-made machine does not.

How is this phenomenon of learning to be explained? The nature of a reaction depends upon two things, (1) the nature of the stimulus, which acts on the organism, and (2) the nature of the organism which responds to the stimulus. Therefore, it follows that if we get a different response to the same stimulus after an experience from what we did before, it must be because the organism has

undergone a change of some sort; it must be because it has been modified by the experience. So we must suppose that the nervous system possesses this characteristic, a characteristic which differentiates it from man-made machinery; that it is, so to speak, self-modifying; that it tends to undergo changes of structure, as a result of the processes which go on within it.

But what is the nature of these changes? That we respond differently to different stimuli, we attribute to the fact that we have in the nervous tissue a complicated system of paths over which the nerve impulses pass; one impulse from one sense organ or group of sense organs going to one effector or group of effectors, thus giving rise to one form of behavior; another impulse, following a different path to a different destination, thus giving rise to action of a different sort. This being so, if a man's nervous mechanism reacts differently today to a given stimulus from what it did yesterday, the only reasonable assumption would seem to be that the paths over which the nerve impulses pass have been altered, that new paths have been opened or old ones closed, so that the impulses arising from the stimuli to which the organism is subjected flow in new directions.

But what is the nature of the process by which, in

the course of our experiences from day to day, these new paths are cut through the brain tissue? The procedure, we may think of, as more or less like that involved in the opening up of a new stream bed for the flow of water through a sandy plain. Every experience through which we pass, every stimulus to which we are subjected, causes the generation of impulses which flow through the nervous system to open up new paths or deepen old ones, over which subsequent impulses tend to flow. The sum total of the changes produced in a man's nervous system as a result of the stimuli to which he had been subjected, or in other words, the sum total of the things he has learned as a result of his experiences, constitute what we may call his education.

THE PHYSIOLOGY OF DESIRE AND SATISFACTION

The function of the nervous system with its associated affectors and effectors, is to produce, in each of the many and varied situations of life, the particular form of action which that situation requires. But this mechanism, it would seem, gives rise also to the phenomena of consciousness, to sensations, thoughts, emotions, and desires; and the business of explaining these phenomena is, in large part at least, a matter of determining the nature of the physio-

logical processes or conditions which are responsible for their occurrence. Now what conception can we form as to the nature of the physiological process which underlies a wish? In seeking an answer to this question, let us take a specific case. Let us take the case of a man who is thirsty and has a desire for a drink. We know that in the state of thirst the body has been drained of water; the various tissues, conspicuously the soft palate, suffer from dryness. This dryness affects certain sense organs there located, and impulses are transmitted to the central nervous system as a result of which energy is generated in certain of the neurons composing it. Thus we have produced, what we may think of as a state of nervous tension, a condition more or less analogous to the pressure or tension of steam in a boiler or the tension resulting from the generation of electrical energy in a battery. The energy under tension in the nervous system, we may think of, as tending to flow out over whatever paths offer the least resistance, in the form of impulses to muscles and glands.

We may believe that what we have here is, in its main essentials, what occurs in the case of every wish or craving. All cravings, we may assume, are due to stimuli of one kind or another causing gen-

eration of energy, and thus producing states of tension in the central nervous system, as a result of which we have outflow of energy in the form of impulses to action. The physiological condition underlying the wish is, therefore, essentially a state of nervous pressure or tension.

But, if a state of craving is a state of nervous tension, what is the physiological condition underlying satisfaction? A man is hungry; we set food before him; he eats for a while, and then lays down his knife and fork, saying that he is satisfied. What change has taken place in him, as a result of which he makes this statement? The obvious and outstanding fact, of course, is that he is no longer hungry. Before he was satisfied, he had what we are accustomed to speak of as the craving of hunger. Now that he is satisfied, this craving has left him. But what change takes place in a man when he frees himself from a craving or a wish? The answer is obvious. Since what we call a craving is the manifestation in consciousness of a physiological condition of nervous tension, getting rid of this craving is a matter of getting rid of the nervous tension to which it is due. The attainment of satisfaction is a matter of obtaining relief from a previously existing condition of nervous tension, a result obtained, as a

rule, by cutting off the stimulus which was causing nervous energy to be generated, and by which, therefore, the tension was maintained.

MENTAL ADJUSTMENT

Behavior, we look upon as a never-ending succession of reactions to the situations in which the organism is placed. In each of these reactions, there is a stimulus which acts on the sense organs, giving rise to an afferent impulse, which causes generation of energy and a resulting state of nervous tension, which manifests itself in consciousness in the form of a craving. This energy under tension in the nervous system, then flows out in the form of efferent impulses to muscles and glands, so producing action of one kind or another, which action continues until the tension is relieved. Now, since action occurs always and only when a state of tension exists, and since it continues until this tension is relieved and then ceases, we may look upon relief of tension as being, in a sense, the goal or objective of our actions, just as we may look upon a condition of equilibrium as the goal or objective of a ball which is rolling down hill, or of a swinging pendulum, or of any other body which is in a state of motion or change.

There is a term which people use a great deal in

discussing problems of human behavior; namely, the term, adjustment. It is customary to speak of a man's attempts to adjust himself to a situation, to say in one case that he has succeeded in making an adjustment, and in another that he has failed. People use these expressions, however, without any very clear idea as to what they mean by them. The term adjustment has not been clearly defined.

To this term, we shall here give a definite and precise meaning. For us it will be the process of bringing about relief of tension. It will be the process of attaining satisfaction in the sense in which we use that term. We shall say that a man is out of adjustment, or is in a state of non-adjustment, when a state of tension exists. In other words, he is in a state of non-adjustment when he is experiencing a craving or desire. We shall say that he has succeeded in making an adjustment when, as the result of any course or action, tension has been relieved, when he has attained satisfaction.

Behavior is a never-ending series of adjustments or attempts at adjustment, and that behavior is most satisfactory in which these adjustments are made in the best way possible and with the minimum of wasted effort or loss of time.

Let us consider the various methods by which a

man may make an adjustment. Of these there are four.

(1) *The Method of Accomplishment*—Generally speaking, our states of non-adjustment are due to stimuli afforded by situations in which there is something lacking, or something wrong that needs to be set right. This being so, it is obvious that one way in which tension may be relieved is by modifying the situation which gives rise to it. Thus, when tension is due to the stimulus afforded by a foreign body in the eye, the stimulus may be cut off and the tension relieved by freeing the eye from this foreign body. When it is due to a stimulus resulting from lack of water in the tissues, one may modify the situation in such a way as to cut off the stimulus by taking a drink. When the tension is due to a sexual stimulus, it is possible to deal with the situation by acquiring a wife or mistress. This method of relieving tension by satisfying the need responsible for it, we may call the method of accomplishment.

(2) *The Method of Withdrawal*—Although man frequently succeeds in making an adjustment by the method of accomplishment, there are many cases in which, even after long continued effort, he fails to do so. The man whose nervous tension is due to the fact that he is held in confinement behind bolts and

bars, may, after many attempts, fail to hit upon any course of action which will open the door of his prison. The man whose nervous tension is due to the pinch of poverty, may fail to hit upon any course of action which will bring him wealth. The man whose tension is due to the stimulus afforded by an attractive member of the opposite sex, may, after repeated efforts, fail to win her for his own. In these situations where a man fails to make an adjustment by the method of accomplishment, what other method is he likely to adopt?

Consider the case of a man placed in the constant society of a woman whom he desires in vain to possess. Although he will at first be strongly impelled to seek this woman's society, to go where he can see and speak to her, he may, after a time, if he makes no progress with his suit, begin to show quite an opposite form of behavior. Instead of seeking her out, he may withdraw himself as far as possible from her.

This method of obtaining relief from tension by withdrawing from the stimulus responsible for it, is one which is employed quite frequently. The man who cannot gratify his desire for wealth and luxury, may avoid the society of those better off than himself, thus escaping the dissatisfaction which

the sight of their wealth serves to produce. The man who is hungry and cannot eat, may find a certain degree of relief from his nervous tension by withdrawing from the sight and smell of food.

(3) *Modification of Thought*—In a very large proportion of the situations to which we react, the sensory stimulus which gives rise to the action, does so through the agency of thoughts or memories which it serves to call up. We say in a certain case that a man is in a state of nervous tension because his wife is seriously ill; but his wife's illness would not have produced this effect, if he had not known about it. It is the thought of the illness, not the illness itself, which is the cause of the tension. We live, so to speak, in a world of our own thoughts. The sensory stimuli afforded by the situations of life, serve to call forth these thoughts; but it is the thoughts thus called forth by the situations of life, to which we react, rather than the situations themselves. This being so, when a man is unable to obtain relief from tension by the method of accomplishment or by withdrawal from the sensory stimulus which the situation affords, he may still make an adjustment by inhibiting or modifying the thoughts to which the stimulus gives rise.

When a man obtains relief from tension by modi-

fying his thoughts, he is, of course, really making an adjustment by modifying his behavior. Man thinks with his brain cells, and also to some extent with his muscles and sense organs. When he inhibits or modifies a thought process that is serving to maintain a state of nervous tension, he is really inhibiting or modifying a disturbing form of bodily action.

(4) *Disabling the Machine*—An amusing example of this method of making an adjustment, is that which Rabelais gives us in his tale of "The Man Who Married a Dumb Wife." The man in this tale was foolish enough to have a surgical operation performed upon his wife, with the result that her tongue was loosened and she talked incessantly. The stimulus afforded by the constant clatter of her tongue, produced in the husband a state of nervous tension from which he could find no relief. He tried to persuade the surgeon to perform another operation on the woman's tongue which would seal it up again; but, finding this impossible, he followed what seemed to be the only course of action left open to him; he had an operation performed upon himself, which rendered him stone deaf, and so, we are told, he found blessed relief.

In this case, the man made his adjustment, not by

getting rid of the sensory stimulus, nor by modifying the thoughts to which it gave rise, but by disabling the mechanism of behavior on which the stimulus was acting, so that it no longer served to produce a state of tension.

But, someone may say, this is a method of making an adjustment that would never be used outside of a story book. As a matter of fact, it is a method which is actually used, and that quite frequently. When a man seeks relief from his troubles in alcohol or the use of drugs, he is making an adjustment by disabling the machine.

PSYCHOPATHOLOGY

So much for our psychophysiology. Let us now see what kind of a psychopathology can be built upon it. Let us begin by considering the conclusions as to the causes of abnormal behavior which logically follow from the psychophysiology which we have here outlined.

CAUSES OF ABNORMAL BEHAVIOR

Ours is a stimulus-response psychology. Behavior, according to our mechanistic theory, is a succession of responses to stimuli afforded by the situations of life. Apply one stimulus or combination of stimuli,

and you get one form of action; apply a different stimulus, and you get a different form. This, we may assume, is just as true of those actions which do not meet the needs of the situations in which they occur, as it is of those which do. So we must conclude that the cause of every abnormal action is a stimulus of some sort, a stimulus which serves to call forth behavior not suited to the needs of the situation in which it occurs; for, if the nervous system had not been subjected to this particular stimulus, it would not have reacted in this particular way.

But although whenever we get an unsatisfactory form of behavior there is a stimulus which has called it forth, we find that the same stimulus which calls forth an unsatisfactory reaction from one person, from another calls forth a perfectly satisfactory one. How is this to be explained? It is due to differences in the nature of the organism which reacts. When, therefore, we get an unsatisfactory or abnormal reaction, we may attribute it to either one or both of two things, (1) the stimulus which calls forth the reaction, and (2) the nature of the organism, the existence of some limitation or defect, by reason of which it responds to this particular stimulus in this particular way.

If we attribute the unsatisfactory reaction to a de-

fect in the organism, the next thing to consider is the question of the causes to which such defect may be due. Now there are three factors which play a part in determining the nature of the organism. The first is heredity. Each individual enters life with certain inborn potentialities and limitations. The second is education, by which is here meant the sum total of the impressions stamped upon the brain as a result of the experiences to which, in the course of his life-time, the individual has been subjected. The third is injury or disease, the changes produced in the organism as a result of old age, wear and tear, or chemical changes of one kind or another. The human brain, we may think of, as more or less like a metal plate with a pattern or design of some sort engraved upon it. In this pattern, there are a few comparatively simple lines which may be attributed to the hand of heredity; to these, have been added other lines, cut by the chisel of experience; and added to these lines, there are dents, and scratches, and eroded areas, which are the result of injury or disease.

Altogether, therefore, there are four factors which play a part in the production of abnormal behavior. On the one hand, there are the stimuli to which the organism reacts in an unsatisfactory way. On the

other, there are the three factors which are responsible for the limitations and defects of the mental machinery: namely, heredity, education, and somatic injury or disease. The psychoanalyst talks about the "psychic" and "somatic" factors in mental disease as if they were entirely different things. When we look at the problem of etiology from our mechanistic point of view, we see that this distinction ceases to have any real meaning. The so-called "psychic" factors in mental disease, are simply the stimuli which act through our sense organs on the nervous system to give rise to behavior, and the changes in structure, the memory impressions and habit paths laid down in the brain tissue as a result of these stimuli; while the so-called "somatic" factors are the changes in structure produced as a result of injury or disease.

FORMS OF ABNORMAL BEHAVIOR

Having considered the causes of mental abnormality, let us now consider the essential nature of the abnormalities to which these causes give rise.

Our various forms of behavior occur as a result of the sensory stimuli to which the nervous system is subjected. In each situation to which we react, there is a stimulus which causes generation of energy in

the nervous system and a resulting state of pressure or tension, more or less analogous to the pressure of steam in a boiler. This energy flows out by one path or another until some course of action is hit upon as a result of which the stimulus is cut off and tension relieved. While the tension continues, we experience craving or desire. When it is relieved, we experience what we call satisfaction. As a rule, the situations affording stimuli which give rise to tension are situations in which there is some benefit to be gained or harm to be avoided, and in which, therefore, action of some sort is required. But sometimes, owing to one cause or another, energy will be generated, a state of tension produced, in situations where this is not the case. In such event, however, action is still needed to cut off the stimulus, whatever it may be, that is causing the energy to be released. The case is more or less analogous to that in which a man is awakened by the ringing of an automatic burglar alarm. There may be a burglar in the house, or there may not. If the burglar is present, he must be dealt with. If he is not, action is still needed to shut off the alarm which is a source of distraction and annoyance.

So the first essential to satisfactory behavior is that it shall relieve the tension to which it is due.

This we call, making an adjustment. No response to a stimulus is satisfactory that does not do this. But it is not enough that action shall bring about relief of tension. It must do it in the right way. Broadly speaking, therefore, behavior may be unsatisfactory for either one or the other of two different reasons. First, it may be unsatisfactory because it fails to give relief from tension, because it leaves the organism in a state of *non-adjustment;* and, second, even where it affords relief from tension, it may still be unsatisfactory, because it does not do it in the right way. In this latter case, we may say that the behavior has resulted in *mal-adjustment.*

So we may say that, whenever a state of nervous tension is produced, the action to which it gives rise may lead to one or the other of two outcomes. It may relieve tension, bring about an adjustment, or it may not. If it brings about an adjustment, it may do it, either by a course of action which is satisfactory, which meets the requirements of the situation, or by one which fails to do so. All courses of action, therefore, may be divided into three groups on the basis of the results to which they lead; first, those leading to satisfactory adjustment; second, those leading to mal-adjustment; and third, those which do not lead to any adjustment at all. The reactions

falling in the first of these three groups, namely those leading to satisfactory adjustment, are the normal reactions. The second and third groups, namely those ending in mal-adjustment and those leaving the individual in a state of non-adjustment, are the forms of behavior which are to be looked upon as unsatisfactory or abnormal. It is with these two forms of behavior that we, as psychopathologists, are chiefly concerned. *Psychopathology is essentially the study of our non-adjustments and our mal-adjustments.*

NON-ADJUSTMENT

Broadly speaking, there are two conditions which are productive of non-adjustment. The first of these is what we shall here call impotence. A simple example of this is what we have in the case of a man marooned upon a desert island without means of sustenance. In such case, the stimulus afforded by an empty belly causes a state of tension, which under ordinary circumstances would be relieved by filling the belly with food. But there is no food to be obtained. Therefore it is impossible to cut off the stimulus in this way. Neither can the man run away from his empty belly; nor can he attain an immunity or attitude of indifference toward it. So his

tension of necessity remains unrelieved. Of the same sort are the cases in which there is a state of tension or dissatisfaction resulting from some wrong which cannot be righted, or some loss which cannot be made good; as for example, the loss of youth and beauty, which once passed away is gone forever, or the loss of some dear one, who being dead, cannot be brought back again.

The second condition productive of non-adjustment, is that of conflict. Just what we mean by conflict may be shown by a very simple example. A hungry dog has set before him a plate of very hot food. Here the stimulus afforded by an empty stomach and the smell of the food gives rise to a state of tension, which manifests itself in the form of a craving for the food and an impulse to eat it. But, as the dog advances to partake of this food, the heat waves from it strike upon his delicate nose and provide a second stimulus which causes generation of energy in a different system of neurons and a resulting impulse to draw back. So we have two sets of stimuli, causing generation of nervous energy which tends to find outlet in two opposing forms of action. If the dog follows one of these courses of action, he will cut off one stimulus; if he follows the alternative course, he will cut off the other; but

by no course of action open to him, will he cut off both stimuli; and by no course of action open to him, therefore, will he be able to obtain relief from tension. Or, to state the matter in terms of consciousness, we may say that we have here two different stimuli, operating to produce in the dog two different desires, a desire for food and a desire to keep his nose from getting burned. If he takes one course of action, he will satisfy one of these desires; if he takes the alternative course of action, he will satisfy the other; but by neither course of action will he satisfy both, which means that by neither course of action will he arrive at a state of adjustment.

What we have here in the case of the dog, we have occurring very frequently in human beings. For example, take the situation in which many a patriotic citizen found himself following the entry of his country into the World War. There was at that time a call for men to enlist. Excitement ran high. To many a man, this situation afforded a very powerful stimulus, causing a state of tension, which manifested itself in the form of a desire to join the army and fight. But, when a man paused to consider this course of action, pictures rose before him of its possible consequences. He thought of the hor-

rors, the hardships, and dangers to which he would be exposed. He thought of his family, deprived of its breadwinner. These thoughts served as a stimulus which gave rise to an impulse toward a very different form of action, namely, to stay as far away from the war as possible. The man in this situation, like the hungry dog with the hot food, was faced with the fact, that it was in his power to satisfy either one or the other of two conflicting demands, but that he could not satisfy both. What we have in all these cases of "mental conflict," is a situation in which the individual hangs suspended between the horns of a dilemma. He can get away from one stimulus, satisfy one desire, by taking one course of action; or cut off the other stimulus, satisfy the other desire, by taking an alternative course; but, by no course of action, can he cut off both stimuli, satisfy both desires, at one and the same time. Whatever course of action he takes, one stimulus will still be acting upon him, he will still be in a state of non-adjustment.

In the production of our states of non-adjustment, there are two kinds of stimuli which are of conspicuous importance.

The first is that associated with the desire for approval. Man is extremely sensitive to the attitude of

his fellows. When he finds himself in a position where he is exposed to their disapproval or dislike, the situation affords a stimulus calling forth an impulse to action, which manifests itself in consciousness as a desire to change or escape from this situation. Similarly, when he finds himself in a position which suggests the possibility of winning approval or admiration, the situation affords a stimulus, giving rise to a state of tension and resulting impulse to action which manifests itself in consciousness as a desire for approval.

Unfortunately, however, it often happens that it is impossible for a man to do the thing which will save him from disapproval and contempt or bring him the praise which he desires. Take for example, the case of the man from whom people turn in pity or contempt because he suffers from some physical deformity, or because his family is not respectable, or because of any other limitation or defect, real or imaginary, which he finds himself unable to correct. In all such, we have a stimulus operating to give rise to a desire which cannot be satisfied, so that the person remains in a state of non-adjustment.

The second kind of stimulus of outstanding importance in the production of non-adjustment, is that associated with sexual desire. The stimuli which

give rise to our sexual desires are of two kinds, external and internal; the things we see, hear, touch, and smell in the world about us; and also certain physiological changes in our own bodies. These stimuli, both those coming from inside the body and those from without, are very powerful. They cause a great deal of energy to be generated, thus giving rise to desires of over-mastering intensity. And, when we come to consider the significance of the sexual act, we can see, of course, that it could hardly be otherwise. To survive we must copulate. Life is renewed in every generation from the loins of those whose scruples and objections have not been strong enough to over-rule the demands of their sexual hunger. For those who succeed in overcoming their sexual impulses, the reward is annihilation. But, while the stimuli giving rise to our sexual desires are powerful and not to be escaped, we live in a world where it is frequently hard and sometimes utterly impossible for us to gratify them. Most of the obstacles which stand in the way of sexual hunger are, of course, of man's own contriving. When a man fails to gratify a sexual demand, it is, in a large percentage of cases, not because he lacks the means of doing so, but because of the price he must pay, because in the doing of it some other desire

will be left unsatisfied. In such cases of mental conflict, the desire with which the sexual wish is most likely to clash is the desire for approval.[1]

Having looked at the causes of non-adjustment, let us glance at its effects. The ill-effects occurring in states of non-adjustment are due, partly to the exhaustion which inevitably results when a stimulus continues to act upon the nervous system for an unduly long period of time, and partly to the outflow of the energy released by the stimulus in the production of wrong forms of behavior. These ill-effects are extremely varied and complex. They include, (1) insomnia and disturbances of bodily health; (2) motor disturbances such as general restlessness and over-activity, tics and compulsive acts of a great many different kinds; (3) affective disturbances such as pain and depression, fear, anxiety,

[1] It is interesting to note the significance attached to these two conflicting desires by the two conflicting motivistic schools of Adler and Freud. When a man has, or thinks he has, some limitation or defect which causes him to feel unworthy and to shrink from the anticipated disapproval or scorn of his fellows, it is customary to say that he has a sense of inferiority, or an "inferiority complex"; and this sense of inferiority is the foundation stone upon which the psychopathology of Adler is built. The psychopathic phenomena with which he attempts to deal, Adler traces to the patient's recognition of his own defects, and his resulting failure to satisfy what I have here called his desire for approval. On the other hand, a failure to satisfy the sexual demands, or an "unsatisfied libido," to use the psychoanalytic term for it, is the foundation stone of the Freudian psychopathology.

and irritability; (4) disturbances of thought and sense perception. The functional nervous and mental disturbances which physicians have to treat are, for the most part, cases of non-adjustment, or else have been cases of non-adjustment in the early stages of their development.[1]

[1] It will be seen that in attributing these functional disorders to states of non-adjustment, we are saying that they are due to conditions of unsatisfied desire, and to this extent at least, we are in agreement with the psychoanalyst, who finds a wish back of every symptom. We cannot agree with the psychoanalyst, however, in his theory that the unsatisfied desires productive of mental disorder are all of them sexual. Any form of unsatisfied desire, if sufficiently powerful and long-continued, is inimical to mental health: it makes no difference what that wish may be. If the unsatisfied wishes which give rise to mental disorder are frequently sexual, it is merely because these happen to be wishes which, under existing social conditions, frequently remain unsatisfied.

Also, we cannot agree with the psychoanalyst in his theory that the wishes productive of nervous and mental disease are wishes of which we are not conscious. The unsatisfied wishes which give rise to conditions of mental ill-health are those which are extremely powerful and long continued, and no wish can be powerful and long continued without our being aware of its existence.

And finally, we do not agree with the psychoanalyst in his theory, that the painful and distressing symptoms occurring as a result of these conditions of unsatisfied desire are to be looked upon as methods of obtaining satisfaction. It is true that there are psychopathic phenomena which may be explained in this way: as, for example, the agreeable delusion that one is a great and important personage. The many painful and distressing symptoms, however, which we find occurring in these cases of non-adjustment, are no more wish fulfillments than is the pain resulting from an ulcerated tooth or from a stone in the bladder.

MAL-ADJUSTMENT

There are, we have seen, four methods of making an adjustment, (1) accomplishment, (2) withdrawal, (3) modification of thought, and, (4) disabling the machine. Each of these four methods is useful in its proper place. There are times when we should make our adjustment by the method of accomplishment; there are others when it should be made by the method of withdrawal; and still others when it should be made by modification of thought or by disabling the machine.

All four of these methods may be misused, however. A man may attain relief from tension by this method, when he should attain it by that; and even if he uses the right method, he may use it in the wrong way. When this happens, he has made a mal-adjustment. Mal-adjustment is not a matter of adopting a new and different method of obtaining relief from tension. It is a matter of misusing those methods by which our normal adjustments are made. Let us consider, one at a time, these four methods of adjustment, and see how they may be misused.

I believe it was Oscar Wilde who once said that the best way to get rid of a temptation is to yield

to it. This is what we do in making an adjustment by the method of accomplishment; and in a large proportion of cases, it is the right method to employ. We must, for example, yield occasionally to the temptations of sex and of the table, or the race would cease to exist. But, although the forms of accomplishment by which we find relief from tension are frequently of a kind which make for race preservation, they are not invariably so. Often the wish produced in response to a stimulus is for something not suited to our needs, so that the doing or the obtaining of this thing, although it may give satisfaction for the time being, will in the long run be productive of more harm than good. For example, take the case of a man who gratifies his desire to have sexual intercourse with a prostitute. Such action may afford relief from tension, but it may also result in a venereal infection with very disastrous results. Or take the case in which lack of water in the tissues results in a state of tension or craving, which a man relieves by drinking water from a pond infected with typhoid, thus exposing himself to the disease. In behaving in this way, he has made a mal-adjustment.

In these cases just mentioned, we have a form of action that is unsatisfactory because of the evil con-

sequences it brings to the man himself. Frequently, however, an action which affords relief of tension through the gratification of a wish, is unsatisfactory because of the evil consequences it brings to others; as, for example, where one gratifies his sexual desire, by stealing another man's wife; or his desire for wealth, by committing a fraudulent act which brings about the financial ruin of people who trusted him.

Acts of the sort in which one makes an adjustment by gratifying a desire which, from the standpoint of our own best interests should not be gratified, we are accustomed to speak of as acts of folly or ignorance, while those, in which we sacrifice the interests of our fellows, we call sins. People do not ordinarily call such behavior psychopathic, because it does not impress them as strange or unusual, because they do not feel under the necessity of assuming the existence of some sort of disease process to account for its occurrence. It is, however, unquestionably psychopathic behavior, according to our meaning of the term; for it is unsatisfactory behavior which, like every other unsatisfactory form of action, occurs as a result of the limitations and defects of the mechanism by which behavior is produced.

The method of withdrawal, that is to say, the method of making an adjustment by avoiding or

escaping from those situations which awaken our desires, although it is useful or even necessary on occasion, is, like the method of accomplishment, not infrequently misused. The misuse of this method of adjustment is conspicuously seen in hermits and recluses, these being individuals who, in the presence of others, experience sexual passions, ambitions, and desires of one kind or another from which they escape by cutting themselves off from association with their fellows. In so doing, they may succeed in securing a certain degree of peace of mind, but it is not a very adequate or satisfactory form of adjustment, since it is one in which they cut themselves off from opportunities for usefulness and from social contacts which are essential to their well-being.

The sensory stimuli afforded by the situations of life, call forth our thoughts; but it is the thoughts called forth by the situations of life, to which we react, rather than the situations themselves. This being so, when a man is unable to relieve tension by altering the situation or withdrawing from the sensory stimulus which it affords, he may still, as we have seen, make an adjustment, in certain cases, by modifying the thoughts which the stimulus calls forth. This form of adjustment is useful, in so far as it is merely a matter of avoiding those thoughts

which are destructive to our mental efficiency and which are not productive of any good. It becomes unsatisfactory or pathological, however, when it becomes a matter of shutting our eyes to the facts of life with which it is necessary to deal, or of living in a false world of our own imagining. Many of the delusions of the insane, as well as many of the erroneous beliefs of our so-called normal people, are to be looked upon as examples of this kind of mal-adjustment.

As an example of mal-adjustment by disabling the machine, we have the case of the man who, finding his affairs in poor shape, goes out and gets drunk, so disabling his brain that, for a few hours at least, these affairs cease to disturb him. In a large proportion of cases, the excessive use of alcohol and the use of habit-forming drugs, are to be looked upon as mal-adjustments of this kind. Of course, the tendency to such reaction is increased by the fact, that the constant use of the drug produces chemical changes in the body, by reason of which its continued administration becomes, in some degree, a physiological necessity. Suicide also, in many cases, is to be looked upon as an extreme form of the same kind of mal-adjustment. Here, however, instead of a temporary partial disablement, we have

complete destruction of the mechanism of behavior, as a result of which it forever ceases to be affected by those stimuli which give rise to dissatisfaction and pain.

MENTAL HYGIENE

Having outlined our psychophysiology and our psychopathology, we now come to the third and last part of our subject, the mental hygiene.

The treatment of any ill is a matter of dealing with the causes which produce it, and since, according to our mechanistic theory, our mental ills are due to bad heredity, faulty education, somatic disease, and difficult or trying situations, the preservation of mental health is a matter of dealing with these four factors. It is a matter (1) of breeding a race of potentially healthy and efficient people, (2) of giving these people the kind of education or training which will make the most of their potentialities, (3) of preserving their bodily health, and (4) of giving them the kind of environment which is best suited to their requirements.

That, of course, is looking at the matter from a broad sociological point of view. Looking at it subjectively, that is to say, from the standpoint of the individual whose concern is the preservation of his

own health, the factor of heredity may be ignored as one over which he has no control. We cannot change our parentage. The question of our inborn capacities and defects was settled for us before we came on the scene. Individually, we can do a great deal for ourselves, however, in the way of self-education, the development of good habits, and the correction of bad ones: we can do much for the preservation and improvement of our bodily health, and we can seek out or build up for ourselves, that particular kind of environment in which we can function to the best advantage. We can, in short, do much for the preservation of our mental health, by making our environment a healthy one and by living according to the laws of health within that environment.

The treatment of any mental disorder is, of course, simply the belated application of these same principles, which if applied earlier, would have prevented its development. It consists of (1) medical care, (2) reëducation, (3) control of the environment, with a view to proper regulation of the stimuli to which the patient is subjected.

It will be seen that these practical conclusions to which our mechanistic theory leads are very different from those of psychoanalysis. Mental health,

according to this point of view, is to be achieved by right living, and not by expensive long drawn-out courses of muck-raking for pervert sexual desires in the cesspool of the unconscious.

CONCLUSION

In bringing this final chapter to a close, I should like to stress the fact, that the formulation here outlined, although I have myself found it useful, and though I believe it will also prove useful to others, is not meant to be taken too seriously. It is not the details of this theory which I look upon as important and for which I plead, but the viewpoint and the method, the underlying principles, which I have striven to follow in its construction. These principles are:

1. That abnormal behavior must be explained mechanistically. That is to say, it must be explained as due to the faulty functioning of a mechanism or anatomical structure, and not by attributing it to motives or desires.

2. That in order to explain abnormal behavior, we must first have a picture of the mechanism which functions in giving rise to all behavior, both normal and abnormal.

3. That in order to get our picture of the mechanism of behavior, we must proceed upon the "as if" principle. Our picture must be a construct, a diagram rather than a photographic representation, of the thing for which it stands.

The mechanistic theory here outlined is nothing more than an attempt to make a beginning along these lines. It is, like an early model of a motor car or airplane, an admittedly faulty and primitive effort, to be at once cast aside as soon as something better can be built to replace it.

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